

STATEMENT OF ECONOMIC INTERESTS

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NAME OF FILER (LAST)

2013 APR -8

PM 12:53
(FIRST)

Wapner

Alan

(MIDDLE)
CITY OF ONTARIO
CITY CLERK/RECORDS

1. Office, Agency, or Court

Agency Name

City of Ontario

Division, Board, Department, District, if applicable

City Council

Your Position

City Councilman

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of Ontario

Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2012, through December 31, 2012.

Leaving Office: Date Left ____/____/____
(Check one)

-or-
The period covered is ____/____/____, through December 31, 2012.

The period covered is January 1, 2012, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

The period covered is ____/____/____, through the date of leaving office.

Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5.

I certify under penalty of perjury under the laws of the State of California that the information furnished herein and in any attached schedules is true and complete. I acknowledge that I am subject to criminal sanctions for providing false information.

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Date Signed 01/31/2013
(month, day, year)

**SCHEDULE D
 Income - Gifts**

Name
Alan D. Wapner

▶ NAME OF SOURCE (Not an Acronym)
League of California Cities

ADDRESS (Business Address Acceptable)
1400 K Street, Suite 400 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| 01 / 20 / 12 | \$ 30 | Lunch |
| 03 / 30 / 12 | \$ 30 | Lunch |
| 06 / 15 / 12 | \$ 30 | Lunch |

▶ NAME OF SOURCE (Not an Acronym)
SMG

ADDRESS (Business Address Acceptable)
300 Conshohocken State Rd. Conshohocken, PA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Facility Manager

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| 05 / 20 / 12 | \$ 75 | Dinner |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

Comments: _____

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

Name
Alan D. Wapner

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
League of California Cities

ADDRESS (Business Address Acceptable)
1400 K Street, Suite 400

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 11 / 14 / 12 - 11 / 16 / 12 AMT: \$ 659.17
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Attend League Leadership Conference in Sacramento
Airline, Lodging, Food & Beverage

▶ NAME OF SOURCE (Not an Acronym)
Heartland Institute

ADDRESS (Business Address Acceptable)
One Wacker Drive #2740

CITY AND STATE
Chicago, Illinois

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 08 / 08 / 12 - 08 / 10 / 12 AMT: \$ 1,003.43
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Attended Emerging Issues Conference in Chicago
Airline, Lodging, Food & Beverage

▶ NAME OF SOURCE (Not an Acronym)
Guamuchil, Sinaloa, Mexico

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

Municipal Government

DATE(S): 02 / 17 / 12 - 02 / 21 / 12 AMT: \$ 540.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Annual Sister City Trip- Lodging, Food & Beverage

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): / / AMT: \$
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____