

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)

Wagner, Anthony John

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

CITY OF SAN DIEGO

Division, Board, Department, District, if applicable

Planning Commission

Your Position

Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☒ City of San Diego☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2013, through December 31, 2013

-or-

The period covered is 06 / 13 / 2013, through December 31, 2013

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)☐ The period covered is January 1, 2013, 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. Verification**MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

San Diego

CA

92101

DAYTIME TELEPHONE NUMBER

( )

E-MAIL ADDRESS (OPTIONAL)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/31/2014  
(month, day, year)Signature Anthony John Wagner  
(File the originally signed statement with your filing official.)

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM</b>	<b>700</b>
<b>FAIR POLITICAL PRACTICES COMMISSION</b>	
Name	
<u>Wagner, Anthony John</u>	

**▶ 1. BUSINESS ENTITY OR TRUST**Wagner Consulting

Name

San Diego, CA 92120

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2     ☒ Business Entity, complete the box, then go to 2
**GENERAL DESCRIPTION OF THIS BUSINESS**Political and Philanthropic Consulting**FAIR MARKET VALUE****IF APPLICABLE, LIST DATE:**☐ \$0 - \$1,999☒ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,00012 / 01 / 11

ACQUIRED

DISPOSED

**NATURE OF INVESTMENT**☐ Partnership☒ Sole Proprietorship☐

Other

YOUR BUSINESS POSITION Consultant**▶ 1. BUSINESS ENTITY OR TRUST**San Diego Taskmasters

Name

San Diego, CA 92103

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2     ☒ Business Entity, complete the box, then go to 2
**GENERAL DESCRIPTION OF THIS BUSINESS**Personal Concierge**FAIR MARKET VALUE****IF APPLICABLE, LIST DATE:**☐ \$0 - \$1,999☐ \$2,000 - \$10,000☒ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,00006 / 06 / 02

ACQUIRED

DISPOSED

**NATURE OF INVESTMENT**☐ Partnership☒ Sole Proprietorship☐

Other

YOUR BUSINESS POSITION Spouse's Business**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**☐ \$0 - \$499☐ \$10,001 - \$100,000☐ \$500 - \$1,000☐ OVER \$100,000☒ \$1,001 - \$10,000**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**☐ \$0 - \$499☒ \$10,001 - \$100,000☐ \$500 - \$1,000☐ OVER \$100,000☐ \$1,001 - \$10,000**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**☒ None**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**☒ None**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT☐ REAL PROPERTY
 Name of Business Entity, if Investment, or  
 Assessor's Parcel Number or Street Address of Real Property

 Description of Business Activity or  
 City or Other Precise Location of Real Property
**FAIR MARKET VALUE****IF APPLICABLE, LIST DATE:**☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

ACQUIRED

DISPOSED

**NATURE OF INTEREST**☐ Property Ownership/Deed of Trust☐ Stock☐ Partnership
☐ Leasehold \_\_\_\_\_  
 Yrs. remaining
☐ Other \_\_\_\_\_
☐ Check box if additional schedules reporting investments or real property  
 are attached
**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT☐ REAL PROPERTY
 Name of Business Entity, if Investment, or  
 Assessor's Parcel Number or Street Address of Real Property

 Description of Business Activity or  
 City or Other Precise Location of Real Property
**FAIR MARKET VALUE****IF APPLICABLE, LIST DATE:**☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

ACQUIRED

DISPOSED

**NATURE OF INTEREST**☐ Property Ownership/Deed of Trust☐ Stock☐ Partnership
☐ Leasehold \_\_\_\_\_  
 Yrs. remaining
☐ Other \_\_\_\_\_
☐ Check box if additional schedules reporting investments or real property  
 are attached

Comments: \_\_\_\_\_

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Wagner, Anthony John

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Institute for Public Strategies

ADDRESS (Business Address Acceptable)

San Diego, Ca 92108

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Health Initiative

YOUR BUSINESS POSITION

Sr. Policy Strategist

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

 \_\_\_\_\_%      ☐ None

SECURITY FOR LOAN

- ☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
 Street address

 \_\_\_\_\_  
 City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

## SCHEDULE D

### Income – Gifts

Name

Wagner, Anthony John

## ▶ NAME OF SOURCE (Not an Acronym)

Bill Fulton, City Planning Director

ADDRESS (Business Address Acceptable)

San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 14 / 13	\$ 45.00	Planning Book
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

## ▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

## ▶ 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: \_\_\_\_\_