

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, 2015, through December 31, 2015

-or-

The period covered is ____/____/____, through December 31, 2015

☐ **Leaving Office:** Date Left ____/____/____ (Check one)☐ The period covered is January 1, 2015, through the date of leaving office.☐ The period covered is ____/____/____, through the date of leaving office.☐ **Assuming Office:** Date assumed ____/____/____☐ **Candidate:** Election Year _____ and office sought, if different than Part 1: _____**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3****Schedules attached**☐ **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

()

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 03/28/2016
(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)

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

▶ 1. BUSINESS ENTITY OR TRUSTWagner 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 BUSINESSPolitical 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 \$1,000,000____/____/____
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 BUSINESSPersonal 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 \$1,000,000____/____/____
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**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)☒ None or ☐ Names listed below**▶ 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
▶ 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 or ☐ Names listed below**▶ 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
 (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

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

☐ Loan repayment

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

(Describe)

☐ 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
 (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

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

☐ Loan repayment

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

(Describe)

☐ 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: