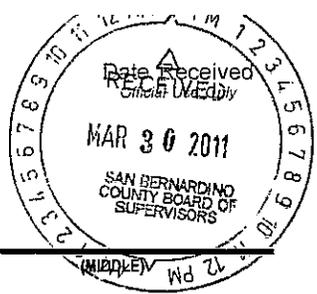


STATEMENT OF ECONOMIC INTERESTS



RECEIVED CLERK OF THE
 FAIR POLITICAL PRACTICES COMMISSION
 COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) OVITT (FIRST) GARY C.

1. Office, Agency, or Court

Agency Name
County of San Bernardino
 Division, Board, Department, District, if applicable
Board of Supervisors Your Position
Supervisor, Fourth District

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

Agency: See Attached Position: _____

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

- State
- Multi-County Riverside, LA, Orange, Ventura, Imperial
- City of _____
- Judge (Statewide Jurisdiction)
- County of San Bernardino
- Other _____

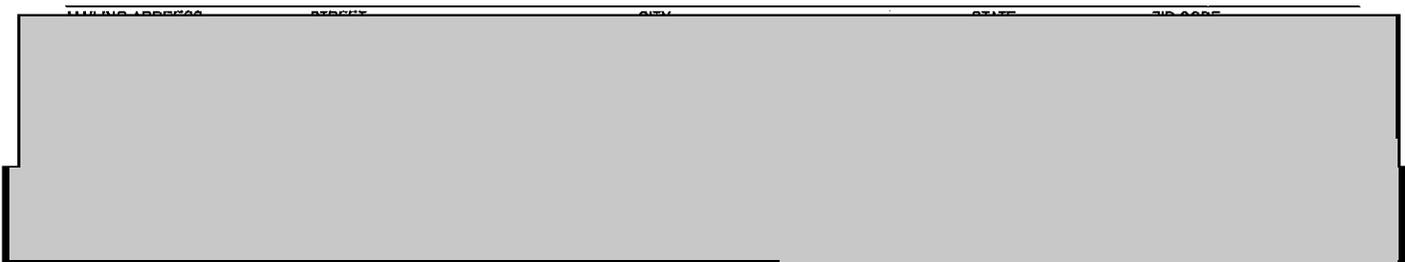
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2010, through December 31, 2010.
 -or-
 The period covered is _____, through December 31, 2010.
- Assuming Office: Date _____
- Candidate: Election Year _____ Office sought, if different than Part 1: _____
- Leaving Office: Date Left _____
 (Check one)
 The period covered is January 1, 2010, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None."
 ► Total number of pages including this cover page: 9
- Schedule A-1 - Investments – schedule attached
 - Schedule A-2 - Investments – schedule attached
 - Schedule B - Real Property – schedule attached
 - Schedule C - Income, Loans, & Business Positions – schedule attached
 - Schedule D - Income – Gifts – schedule attached
 - Schedule E - Income – Gifts – Travel Payments – schedule attached
- or-
 None - No reportable interests on any schedule

5. Verification



Date Signed 3/29/11 Signature _____
 (month, day, year)

Gary C. Ovitt
Filing – Multiple Positions

- | | |
|--|-------------------------|
| 1. County of San Bernardino | Board of Supervisors |
| 2. San Bernardino Transportation Authority | Board Member |
| 3. SCAG | Regional Council Member |
| 4. Inland Empire Health Plan | Board Member |
| 5. Omnitrans | Board Member |
| 6. San Bernardino County Employee Retirement | Board Member |

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Gary C. Ovitt

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>County of San Bernardino</u>	NAME OF SOURCE OF INCOME <u>CalSTRS</u>
ADDRESS (Business Address Acceptable) <u>385 No Arrowhead Ave, San Bernardino, CA 92415</u>	ADDRESS (Business Address Acceptable) <u>P.O. Box 15275, Sacramento, CA 95851</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Board of Supervisors</u>	YOUR BUSINESS POSITION <u>Retirement</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input checked="" type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____		
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <p align="center">Gary C. Ovitt</p>
--

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Inland Empire Health Plan</u> ADDRESS (Business Address Acceptable) <u>303 E. Vanderbilt Way, #400, San Bernardino 92408</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION <u>Board Member</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	NAME OF SOURCE OF INCOME <u>Omnitrans</u> ADDRESS (Business Address Acceptable) <u>1700 W. 5th St., San Bernardino, CA 92411</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION <u>Board Member</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None TERM (Months/Years) _____ SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
---	---

Comments: _____

**SCHEDULE D
 Income – Gifts**

▶ NAME OF SOURCE
LAWA
 ADDRESS (Business Address Acceptable)
 1 World Way, Los Angeles, CA 90045
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Airport

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 10	\$ 54	Parking
12 / 29 / 10	\$ 54	Parking
/ /	\$	

▶ NAME OF SOURCE
GMAC
 ADDRESS (Business Address Acceptable)
 515 Marin St., Thousand Oaks, CA 91360
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Automobile manufacturer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 13 / 10	\$ 185	Baseball ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
Chino Valley Medical Center
 ADDRESS (Business Address Acceptable)
 5451 Walnut Ave., Chino, CA 91710
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 06 / 10	\$ 131	Baseball ticket
05 / 14 / 10	\$ 115	Baseball ticket
07 / 01 / 10	\$ 115	Baseball ticket

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
Covington & Crowe, LLP
 ADDRESS (Business Address Acceptable)
 3800 Concors, Ste. 300, Ontario, CA 91764
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Attorney at Law

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 22 / 10	\$ 128	Concert ticket
07 / 17 / 10	\$ 74	Concert ticket
/ /	\$	

▶ NAME OF SOURCE
 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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Gary C. Ovitt
--

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE
 LAWA
 ADDRESS (Business Address Acceptable)
 1 World Way
 CITY AND STATE
 Los Angeles, CA 90045
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Airport
 DATE(S): 03 / 08 / 10 - 03 / 11 / 10 AMT: \$ 54
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Parking

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION:

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION:

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION:

Comments: _____