

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
KOVACIC GARY ANTON

1. Office, Agency, or Court

Agency Name
CITY OF ARCADIA CITY COUNCIL/SUCCESSOR AGENCY TO THE REDEVELOPMENT AGENCY
Division, Board, Department, District, if applicable
Your Position
MEMBER

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

Agency: See Attachment Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of
- City of ARCADIA 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:

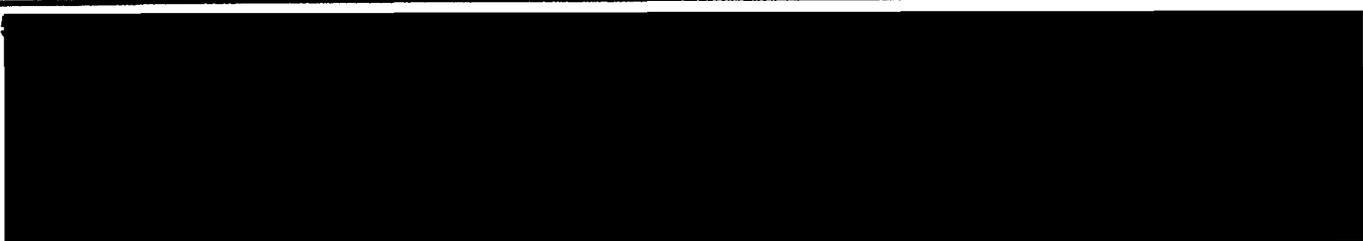
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 13

- 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



herein and in any attached schedules is true and complete. I do not

I certify under penalty of perjury under the laws of the State of

Date Signed 03/26/2013
(month, day, year)

**Form 700
ATTACHMENT**

GARY A. KOVACIC

Agency Name:

Oversight Board of the Successor Agency to the
Redevelopment Agency of the City of Arcadia

Southern California Association of Governments

Position:

Member

Delegate

Form 700
Schedule A-2(1A)

GARY A. KOVACIC

REPORTABLE SOURCES OF INCOME

1/1/2012 – 12/31/2012

Tung Hsun Wang and Ying Lang Wang
Vistara Homeowners Association
Rancho de las Pulgas, Inc.
Byong Yup Yoo and Keum Hee Yoo
Dr. and Mrs. Masao Nakamoto

SCHEDULE A-2 (2)
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name GARY A. KOVACIC |
|---|

▶ 1. BUSINESS ENTITY OR TRUST

KOVACIC FAMILY TRUST (Continued)

Name
947 Coronado Drive, Arcadia, CA 91007

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | |
|--|--|
| FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: _____/_____/ 12 _____/_____/ 12 ACQUIRED DISPOSED |
| NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ Other | |
| YOUR BUSINESS POSITION _____ | |

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | |
|--|--|
| FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: _____/_____/ 12 _____/_____/ 12 ACQUIRED DISPOSED |
| NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ Other | |
| YOUR BUSINESS POSITION _____ | |

▶ 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

7345 Calle Cristobal #172, San Diego, CA 92126

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
7345 Calle Cristobal #172, San Diego, CA 92126

Description of Business Activity or City or Other Precise Location of Real Property _____

| | |
|---|--|
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: _____/_____/ 12 _____/_____/ 12 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

3635 SE Knapp Street, Portland, OR 97202

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
3635 SE Knapp Street, Portland, OR 97202

Description of Business Activity or City or Other Precise Location of Real Property _____

| | |
|---|--|
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: _____/_____/ 12 _____/_____/ 12 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 D
Income - Gifts

Name
GARY A. KOVACIC

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA PHILHARMONIC

ADDRESS (Business Address Acceptable)
400 S. Baldwin Avenue. #2160 Arcadia, CA 91007

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PHILHARMONIC ORCHESTRA

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------------|----------------------|----------------------------|
| <u>06 / 30 / 12</u> | \$ <u>196.00</u> | <u>Concert Tickets (2)</u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
SKECHERS USA, INC.

ADDRESS (Business Address Acceptable)
228 Manhattan Beach Blvd., Man. Beach, CA 90266

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATHLETIC SHOES

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------------|----------------------|------------------------------|
| <u>06 / / 12</u> | \$ <u>128.55</u> | <u>Pair of Shoes (1)</u> |
| <u> / / </u> | \$ <u> </u> | <u>(given on China trip)</u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
PASADENA SYMPHONY AND POPS

ADDRESS (Business Address Acceptable)
2 N. Lake Avenue, #1080, Pasadena, CA 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SYMPHONY AND POPS ORCHESTRA

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------------|----------------------|----------------------------|
| <u>08 / 18 / 12</u> | \$ <u>170.00</u> | <u>Concert Tickets (2)</u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
LEO ZHAO/DAQING DAIRY PRODUCTS

ADDRESS (Business Address Acceptable)
35th Floor, Bank of China Tower, 1 Garden Road, H.K.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
DAIRY BUSINESS

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------------|----------------------|---------------------------|
| <u>06 / 21 / 12</u> | \$ <u>200.00</u> | <u>DINNER</u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
UNKNOWN RESIDENT

ADDRESS (Business Address Acceptable)
UNKNOWN

BUSINESS ACTIVITY, IF ANY, OF SOURCE
UNKNOWN

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------------|----------------------|---------------------------|
| <u>12 / / 12</u> | \$ <u>100.00</u> | <u>Gucci Perfume Set</u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |

▶ 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) |
|-----------------------|----------------------|---------------------------|
| <u> / / </u> | \$ <u> </u> | <u> </u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |

Comments: _____

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

Name
 GARY A. KOVACIC

- 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)
 Chinese People's Association for Friendship (P.R.C.)

ADDRESS (Business Address Acceptable)
 No. 1 Taijichang Street

CITY AND STATE
 Doncheng District, Beijing, China 100740

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Major Foreign Affairs Org. for Chinese Government

DATE(S): 06 / 16 / 12 - 06 / 26 / 12 AMT: \$ 8,000.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

See attached Schedule E (1)

▶ 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

▶ 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

▶ 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: _____

Form 700
SCHEDULE E (1)

GARY A. KOVACIC

Source: Chinese People's Association for Friendship with Foreign Countries, the P.R.C.

Other: Source provided airfare, lodging, meals, and related transportation concerning panel discussions, presentations, and other exchanges of governmental, cultural, and business information in Beijing, Nanjing, and Shanghai, China.