

Please type or print in ink.

NAME OF FILER: Ovitt (LAST), Gary (FIRST), C. (MIDDLE)

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 or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
-or- The period covered is through December 31, 2012.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2012, through the date of leaving office.
The period covered is through the date of leaving office.

4. Schedule Summary

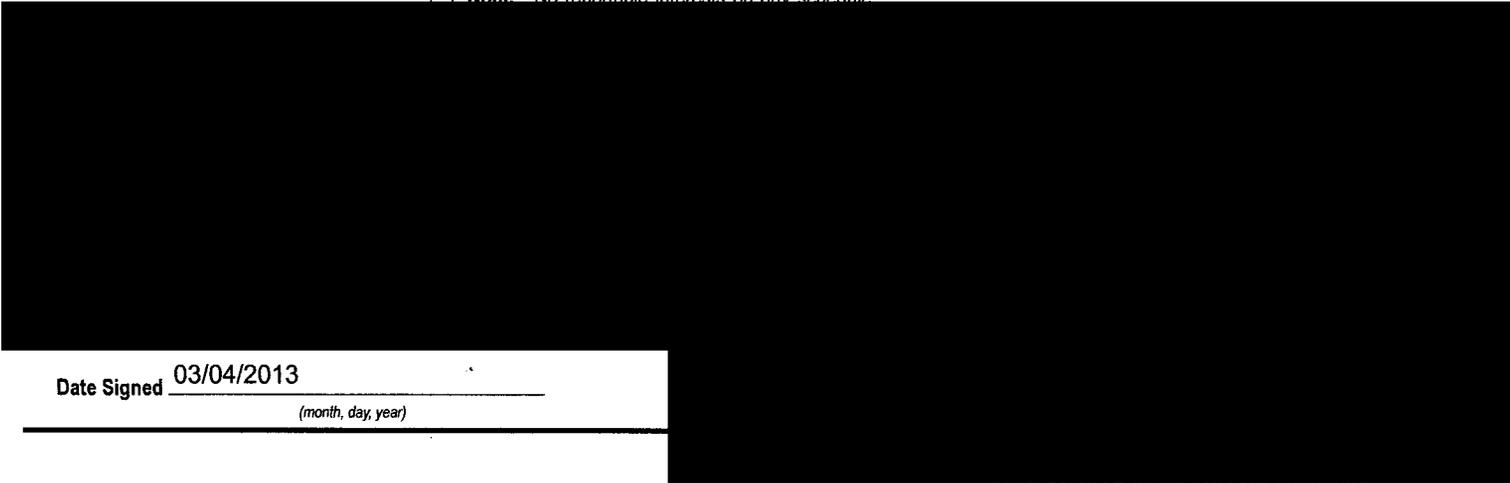
Check applicable schedules or "None."

Total number of pages including this cover page: 4

- 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



Date Signed 03/04/2013 (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. GP SCAG | Regional Council Member |
| 4. Inland Empire Health Plan | Board Member |
| 5. Omnitrans | Board Member |
| 6. Ontario International Airport Authority | Commissioner |

SCHEDULE D
Income – Gifts

Name
Gary C. Ovitt

▶ NAME OF SOURCE *(Not an Acronym)*
Care Ambulance Service, Inc.

ADDRESS *(Business Address Acceptable)*
1517 W. Braden Ct., Orange, CA 92868

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ambulance service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 24 / 12	\$ 70.00	Banquet ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
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 / 12	\$ 210.00	Baseball ticket
06 / 17 / 12	\$ 175.00	Baseball ticket
12 / 22 / 12	\$ 40.00	Banquet ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Lewis Operating Co.

ADDRESS *(Business Address Acceptable)*
1156 No. Mountain Ave., Upland, CA 91785

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 04 / 12	\$ 50.00	AIF ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
G. Michael Milhiser

ADDRESS *(Business Address Acceptable)*
11225 Carriage Ave., Montclair, CA 91763

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Businessman

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 24 / 12	\$ 50.00	Banquet ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Chaffey College Trust

ADDRESS *(Business Address Acceptable)*
211 W. Fifth St., Ontario, CA 91762

BUSINESS ACTIVITY, IF ANY, OF SOURCE
School Administration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 12	\$ 45.00	Banquet ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Burrtec Waste Systems, Inc.

ADDRESS *(Business Address Acceptable)*
9890 Cherry Ave., Fontana, CA 92335

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste removal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 15 / 12	\$ 70.00	Race ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Gary C. Ovitt
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- 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)
 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): 05 / 04 / 12 - 05 / 19 / 12 AMT: \$ 288.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Parking

▶ 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)
 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): 06 / 08 / 12 - 06 / 12 / 12 AMT: \$ 72.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Parking

▶ 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: _____