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NAME OF FILER

(LAST)

(FIRST)

BOWMAN

JIM

CITY OF ONTARIO  
CITY CLERK/RECORDS

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

Agency Name

City of Ontario

Division, Board, Department, District, if applicable

Your Position

City Council

Council Member

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

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

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

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of \_\_\_\_\_

City of Ontario

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: 2

**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**

I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete. I ac

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

Date Signed

3-14-13

(month, day, year)

**SCHEDULE D**  
**Income - Gifts**

Name  
**Jim W. Bowman**

▶ NAME OF SOURCE *(Not an Acronym)*  
**SMG**

ADDRESS *(Business Address Acceptable)*  
**300 Conshohocken State Rd., Conshohocken, PA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Facility Manager**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 12	\$ 75.00	Dinner
	\$	
	\$	

▶ 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: \_\_\_\_\_