



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) BOWMAN JIM W. 14 MAR 24 PM 4:08

1. Office, Agency, or Court

CITY OF ONTARIO CITY CLERK/RECORDS

Agency Name (Do not use acronyms)

City of Ontario

Division, Board, Department, District, if applicable

City Council

Your Position

Council Member

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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

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

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 14 APR 14 PM 3:05

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

- State, Multi-County, City of Ontario, California

- Judge or Court Commissioner, County of, Other

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.

- Leaving Office: Date Left (Check one)

- The period covered is January 1, 2013, 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

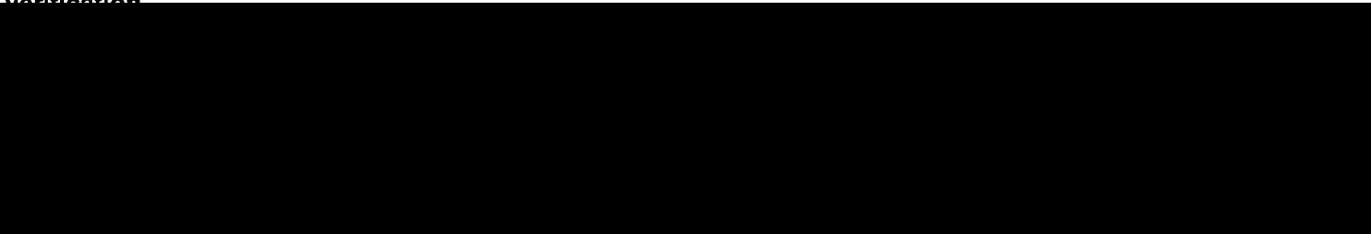
Check applicable schedules or "None."

Total number of pages including this cover page: 2

- Schedule A-1, A-2, B, C, D, E

- None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete. Date Signed 3-26-2014 (month, day, year)

**SCHEDULE D**  
**Income – Gifts**

Name  
**Jim W. Bowman**

▶ NAME OF SOURCE (Not an Acronym)  
**Auto Club Speedway**

ADDRESS (Business Address Acceptable)  
**9300 Cherry Avenue, Fontana, CA 92335**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 13	\$ 440.00	Race Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 13	\$ 75.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Anschutz Entertainment Group Ontario LLC**

ADDRESS (Business Address Acceptable)  
**1100 S. Flower St., Suite 3200, Los Angeles, CA**

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 13	\$ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_