



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
BOWMAN JIM W

1. Office, Agency, or Court

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  
15 APR 10 PM 1:48

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Ontario, California  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2014, through December 31, 2014.  
-or-  
The period covered is \_\_\_\_\_ through December 31, 2014.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2014, through the date of leaving office.  
 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



Date Signed 3-11-2015  
(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 Operator**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>05 / 18 / 14</b>	<b>\$ 75.00</b>	<b>Dinner</b>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**AEG/Citizens Business Bank Arena**

ADDRESS (Business Address Acceptable)  
**4000 E. Ontario Center Parkway, Ontario, CA 91764**

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>05 / 19 / 14</b>	<b>\$ 75.00</b>	<b>Dinner</b>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: \_\_\_\_\_