

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	JIM BOCK							
Street Address	1000 MARIANNA AVE							
City	ERIE	State	PA	Zip Code	16509			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	11/07/2023 05/16/2023		Year	2023		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/07/2023	05/01/2023	
A. Amount Brought Forward From Last Report	\$	0	<p>2023 MAY -2 AM 10:10</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	612.96	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-612.96	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on which this report is based, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

2nd day of May 2023

Angela L. Watson

Signature

My Commission expires 12/6/2026

MO. DAY YR.

Signature of Person Submitting report

JAMES S. BOCK

Printed Name

814

Area Code

572-4209

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

day of 20

Signature

My Commission expires

MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

**SCHEDULE III**  
**Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid		COMMITTEE TO ELECT JIM BOCK		Date (MM/DD/YYYY)		03/07/2023		\$ 500.00	
House #	1000	Street Address		MARIANNA AVE		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509	CONTRIBUTION TO OPEN COMMITTEE ACCOUNT			

To Whom Paid		TIM HORTONS		Date (MM/DD/YYYY)		03/12/2023		\$ 57.21	
House #	4231	Street Address		PEACH ST		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16501	COFFEE FOR ANNOUNCEMENT GATHERING			

To Whom Paid		ZAZZLE		Date (MM/DD/YYYY)		04/09/2023		\$ 55.75	
House #	245	Street Address		SOUTH 1060 WEST		Description of Expenditure			
City	LINDON	State	UT	Zip Code	84042	COMMITTEE RETURN ADDRESS LABELS			

To Whom Paid				Date (MM/DD/YYYY)				\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					

To Whom Paid				Date (MM/DD/YYYY)				\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					

To Whom Paid				Date (MM/DD/YYYY)				\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					

To Whom Paid				Date (MM/DD/YYYY)				\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					

To Whom Paid				Date (MM/DD/YYYY)				\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					