

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
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 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/07/2023	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
	06/06/2023	10/23/2023	
A. Amount Brought Forward From Last Report	\$	-612.96	2023 OCT 27 AM 8:48 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	-612.96	
D. Total Expenditures (From Schedule III)	\$	2,774.52	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-3387.48	
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 schedule on page 2 is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 27 day of October 20 23

Signature: Angela L. Watson

My Commission expires 12-02-2026 MO. DAY YR.

Signature of Person Submitting report: James S. Bock

Printed Name: JAMES S. BOCK

Area Code: 814 Daytime Telephone Number: 572-4209

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

COMMITTEE TO ELECT JIM BOCK					06/13/2023				1,000.00
1000	MARIANNA AVE								
ERIE		PA		16509	LOAN TO COMMITTEE				
COMMITTEE TO ELECT JIM BOCK					07/31/2023				1,200.00
1000	MARIANNA AVE								
ERIE		PA		16509	LOAN TO COMMITTEE				
LOWE'S					09/01/2023				193.94
1930	KEYSTONE DR UNIT 2								
ERIE		PA		16509	MATERIAL FOR SIGNS				
SAM'S CLUB					09/03/2023				98.59
7200	PEACH ST								
ERIE		PA		16509	CANDY FOR LABOR DAY PARADE				
LOWE'S					09/29/2023				117.92
1930	KEYSTONE DR UNIT 2								
ERIE		PA		16509	MATERIAL FOR SIGNS				
LOWE'S					09/29/2023				36.87
1930	KEYSTONE DR UNIT 2								
ERIE		PA		16509	MATERIAL FOR SIGNS				
LOWE'S					10/08/2023				37.99
1930	KEYSTONE DR UNIT 2								
ERIE		PA		16509	MATERIAL FOR SIGNS				
LOWE'S					10/09/2023				12.70
1930	KEYSTONE DR UNIT 2								
ERIE		PA		16509	MATERIAL FOR SIGNS				

SCHEDULE III
Statement of Expenditures

TO Whom Paid ERIE COUNTY VOTER OFFICE		Date (MM/DD/YYYY) 08/11/2023	\$ 60.00
House # 140	Street Address W 6TH ST	Description of Expenditure USB DRIVE	
City ERIE	State PA	Zip Code 16501	
TO Whom Paid STAPLES		Date (MM/DD/YYYY) 09/18/2023	\$ 16.51
House # 1924	Street Address KEYSTONE DR	Description of Expenditure NAMETAG LABELS	
City ERIE	State PA	Zip Code 16509	
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 	