

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	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		COMMITTEE TO ELECT 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report	Termination Report	
		11/07/2023		2023		
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only		
		10/24/2023	11/27/2023			
A. Amount Brought Forward From Last Report		\$	9,928.12	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2023 DEC -4 AM 8:16 ERIE COUNTY VOTER REGISTRATION </div>		
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	1,175.00			
C. Total Funds Available (Sum of Lines A and B)		\$	11,103.12			
D. Total Expenditures (From Schedule III)		\$	5,691.24			
E. Ending Cash Balance (Subtract Line D from Line C)		\$	5,411.88			
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0			
G. Unpaid Debts and Obligations (From Schedule IV)		\$	2,720.45			
<div style="display: flex; justify-content: space-between;"> <div> <p>Part I- If this is a Committee report, treasurer sign here. I swear (or affirm) that this report, including the attached schedules and exhibits, is to the best of my knowledge and belief true, correct and complete.</p> <p>Sworn to and subscribed before me this <u>4</u> day of <u>December</u> 20<u>23</u></p> <p><u>Sue Sheffield</u> Signature</p> <p>My Commission expires <u>12-02-26</u> MO. DAY YR.</p> </div> <div> <p>Affidavit Section</p> <p>I swear (or affirm) that this report, including the attached schedules and exhibits, is to the best of my knowledge and belief true, correct and complete.</p> <p><u>Rachel E Bock</u> Signature of Person Submitting report</p> <p><u>Rachel E Bock</u> Printed Name</p> <p><u>814</u> <u>392 2964</u> Area Code Daytime Telephone Number</p> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div> <p>Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.</p> <p>I swear (or affirm) that to the best of my knowledge and belief this report, including the attached schedules and exhibits, is to the best of my knowledge and belief true, correct and complete.</p> <p>Sworn to and subscribed before me this <u>4</u> day of <u>December</u> 20<u>23</u></p> <p><u>Sue Sheffield</u> Signature</p> <p>My Commission expires <u>12-02-26</u> MO. DAY YR.</p> </div> <div> <p><u>James S. Bock</u> Signature of Candidate</p> <p><u>JAMES S. BOCK</u> Printed Name</p> <p><u>814</u> <u>572-4209</u> Area Code Daytime Telephone Number</p> </div> </div>						

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Election Identification Number			
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	25.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	Ø
All Other Contributions (Part B)		\$	950.00
Total for the reporting period	(2)	\$	950.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	Ø
All Other Contributions (Part D)		\$	Ø
Total for the reporting period	(3)	\$	Ø
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	200.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	1,175.00

SCHEDULE III
Statement of Expenditures

Date (MM/DD/YYYY)				Amount (\$)			
SMART SHOPPER		10/25/2023		111.30			
House #	Street Address	City	State	Zip Code	Description of Expenditure		
309	SHELHAMER CIRCLE	EDINBORO	PA	16412	PALM CARDS		
LOWE'S		10/31/2023		51.22			
1930	KEYSTONE DR UNIT 2	ERIE	PA	16509	LIGHTS FOR POLITICAL SIGNS		
CREATIVE IMPRINT SYSTEMS		11/01/2023		294.00			
2670	W 11TH ST	ERIE	PA	16505	CAMPAIGN SWEATSHIRTS		
KIM KOPY		11/02/2023		4,857.47			
2040	W 8TH ST	ERIE	PA	16505	MAILER		
CHLOE TITUS		11/02/2023		48.76			
130	EUCLID AVE	ERIE	PA	16511	REIMBURSEMENT FOR WEBSITE FEES		
WEGMAN'S		11/06/2023		17.99			
6143	PEACH ST	ERIE	PA	16509	BEVERAGES FOR POLL WORKERS		
WEGMAN'S		11/06/2023		10.99			
6143	PEACH ST	ERIE	PA	16509	BEVERAGES FOR POLL WORKERS		
WEGMAN'S		11/06/2023		48.85			
6143	PEACH ST	ERIE	PA	16509	BEVERAGES AND FOOD FOR POLL WORKERS		

THE INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

[illegible]

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

JAMES S. & RACHEL E. BOCK				
1000	MARIANNA AVE	06/13/2023		
	ERIE	PA	16509	1,000.00
LOAN TO COMMITTEE				
JAMES S. & RACHEL E. BOCK				
1000	MARIANNA AVE	07/31/2023		
	ERIE	PA	16509	1,200.00
LOAN TO COMMITTEE				
JAMES S. & RACHEL E. BOCK				
1000	MARIANNA AVE	09/01/2023		
	ERIE	PA	16509	193.94
LOWE'S - SIGN MATERIALS				
JAMES S. & RACHEL E. BOCK				
1000	MARIANNA AVE	09/03/2023		
	ERIE	PA	16509	98.59
SAM'S CLUB - CANDY FOR PARADE				
JAMES S. & RACHEL E. BOCK				
1000	MARIANNA AVE	09/29/2023		
	ERIE	PA	16509	117.92
LOWE'S - SIGN MATERIALS				
JAMES S. & RACHEL E. BOCK				
1000	MARIANNA AVE	08/11/2023		
	ERIE	PA	16509	60.00
ERIE CO. VOTER OFFICE - USB DRIVE (VOTER LIST)				

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor					JAMES S. & RACHEL E. BOCK					Outstanding Balance of Debt	
House #	1000	Street Address	MARIANNA AVE			DATE DEBT INCURRED [MM/DD/YYYY]	11/05/2023		\$	50.00	
City	ERIE			State	PA		Zip Code	16509			
Description of Debt											
DIGITAL ADVERTISING - HOLY TRINITY (NO COMMITTEE CHECK AVAILABLE)											

Name of Creditor										Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]			\$		
City				State			Zip Code				
Description of Debt											

Name of Creditor										Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]			\$		
City				State			Zip Code				
Description of Debt											

Name of Creditor										Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]			\$		
City				State			Zip Code				
Description of Debt											

Name of Creditor										Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]			\$		
City				State			Zip Code				
Description of Debt											

Name of Creditor										Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]			\$		
City				State			Zip Code				
Description of Debt											

All Other Contributions

**Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)**

[illegible]

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	
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Full Name	MILLCREEK TOWNSHIP				
House #	3608	Street Address	W. 26TH ST		
City	ERIE	State	PA	Zip Code	16506
				Date [MM/DD/YYYY]	11/21/2023
					\$ 200.00
Receipt Description	SIGN PERMIT DEPOSIT RETURN/REFUND				
Full Name					
House #		Street Address			
City		State		Zip Code	
				Date [MM/DD/YYYY]	\$
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
				Date [MM/DD/YYYY]	\$
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
				Date [MM/DD/YYYY]	\$
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
				Date [MM/DD/YYYY]	\$
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
				Date [MM/DD/YYYY]	\$
Receipt Description					