

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	State	Zip Code		
ERIE	PA	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 20221208 DEC - AM 10:13 COMMONWEALTH OF PENNSYLVANIA VOTER REGISTRATION DIVISION
A. Amount Brought Forward From Last Report	10/24/2023	11/27/2023	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ -3,387.48	
C. Total Funds Available (Sum of Lines A and B)		\$ -3,387.48	
D. Total Expenditures (From Schedule III)		\$ 50.00	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ -3437.48	
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.		Affidavit Section	
I swear (or affirm) that this report, including the attached schedules on pages 2 to the best of my knowledge and belief true, correct and complete.			
Sworn to and subscribed before me this		Signature of Person Submitting report	
4 day of December 20 23		JAMES S. BOCK	
Sue Sheffield		Printed Name	
Signature		814	
My Commission expires 17 02 26		572-4209	
MO. DAY YR.		Area Code 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		Signature of Candidate	
day of 20			
Signature		Printed Name	
My Commission expires		Daytime Telephone Number	
MO. DAY YR.			

SCHEDULE III
Statement of Expenditures

To Whom Paid		Date (MM/DD/YYYY)	\$
HOLY TRINITY USHERS		11/05/2023	50.00
Address #	Street Address	Description of Expenditure	
2220	REED ST	DIGITAL ADVERTISING	
City	State	Zip Code	
ERIE	PA	16503	
To Whom Paid		Date (MM/DD/YYYY)	\$
Address #	Street Address	Description of Expenditure	
City	State	Zip Code	
To Whom Paid		Date (MM/DD/YYYY)	\$
Address #	Street Address	Description of Expenditure	
City	State	Zip Code	
To Whom Paid		Date (MM/DD/YYYY)	\$
Address #	Street Address	Description of Expenditure	
City	State	Zip Code	
To Whom Paid		Date (MM/DD/YYYY)	\$
Address #	Street Address	Description of Expenditure	
City	State	Zip Code	
To Whom Paid		Date (MM/DD/YYYY)	\$
Address #	Street Address	Description of Expenditure	
City	State	Zip Code	
To Whom Paid		Date (MM/DD/YYYY)	\$
Address #	Street Address	Description of Expenditure	
City	State	Zip Code	