

# 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	Lobbyist
			<input checked="" type="checkbox"/>	
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 <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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>					

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	01/01/2024	12/31/2024	2025 JAN -6 PM 1:50 VOTER REGISTRATION	
A. Amount Brought Forward From Last Report	\$	254.15		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0		
C. Total Funds Available (Sum of Lines A and B)	\$	254.15		
D. Total Expenditures (From Schedule III)	\$	254.15		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		

## Affidavit Section

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 paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

6<sup>th</sup> day of January 20 25

Megan M. Moore

Signature

My Commission expires 10 18 26  
MO. DAY YR.

Rachel E. Bock

Signature of Person Submitting report

Rachel Bock

Printed Name

814  
Area Code

392-2964  
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
Megan M. Moore, Notary Public  
Erie County  
My commission expires October 18, 2026  
Commission number 1427930  
Member, Pennsylvania Association of Notaries

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

6<sup>th</sup> day of January 20 25

Megan M. Moore

Signature

My Commission expires 10 18 26  
MO. DAY YR.

James S. Bock

Signature of Candidate

JAMES S. BOCK

Printed Name

814  
Area Code

572-4209  
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
Megan M. Moore, Notary Public  
Erie County  
My commission expires October 18, 2026  
Commission number 1427930  
Member, Pennsylvania Association of Notaries

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

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

## PART A

**Contributions Received From Political Committees**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number											
										Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #		Street Address				Date [MM/DD/YYYY]		\$			
City		State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #		Street Address				Date [MM/DD/YYYY]		\$			
City		State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #		Street Address				Date [MM/DD/YYYY]		\$			
City		State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #		Street Address				Date [MM/DD/YYYY]		\$			
City		State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #		Street Address				Date [MM/DD/YYYY]		\$			
City		State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #		Street Address				Date [MM/DD/YYYY]		\$			
City		State		Zip Code		Date [MM/DD/YYYY]		\$			

## PART B

**All Other Contributions**

\$50.01 TO \$250

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.)

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

## PART C

**Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
------------------------------	--

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		

## PART D

**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:									
------------------------------	--	--	--	--	--	--	--	--	--

  

Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

  

Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

  

Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

  

Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

PART E

# Other Receipts

REFUNDS, INTEREST 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:	
------------------------------	--

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					

Full Name					
House #		Street Address			
City		State		Zip Code	
				Date [MM/DD/YYYY]	\$
Receipt Description					

SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

Filer Identification Number:	
------------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
---	--	----



SCHEDULE II

PART F

# In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

Full Name of Contributor

Date [MM/DD/YYYY] \$

House #

Street Address

Date [MM/DD/YYYY] \$

City

State

Zip Code

Date [MM/DD/YYYY] \$

Description of Contribution

Full Name of Contributor

Date [MM/DD/YYYY] \$

House #

Street Address

Date [MM/DD/YYYY] \$

City

State

Zip Code

Date [MM/DD/YYYY] \$

Description of Contribution

Full Name of Contributor

Date [MM/DD/YYYY] \$

House #

Street Address

Date [MM/DD/YYYY] \$

City

State

Zip Code

Date [MM/DD/YYYY] \$

Description of Contribution

Full Name of Contributor

Date [MM/DD/YYYY] \$

House #

Street Address

Date [MM/DD/YYYY] \$

City

State

Zip Code

Date [MM/DD/YYYY] \$

Description of Contribution

Full Name of Contributor

Date [MM/DD/YYYY] \$

House #

Street Address

Date [MM/DD/YYYY] \$

City

State

Zip Code

Date [MM/DD/YYYY] \$

Description of Contribution

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

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

Filer Identification Number: \_\_\_\_\_

To Whom Paid		ERIE COUNTY REPUBLICAN COMMITTEE			Date [MM/DD/YYYY]	\$	50.00
House #	1600	Street Address PENINSULA DR, UNIT 10			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16506	LINCOLN BREAKFAST	
To Whom Paid		MCDOWELL BOYS GOLF			Date [MM/DD/YYYY]	\$	150.00
House #	3580	Street Address W 38TH ST			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16506	GOLF TOURNAMENT HOLE SPONSORSHIP	
To Whom Paid		ERIE ELKS LODGE 67			Date [MM/DD/YYYY]	\$	54.15
House #	2409	Street Address PENINSULA DR			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16506	GUN RAFFLE SPONSORSHIP	
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			

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:	
------------------------------	--

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							

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