

# Commonwealth of Pennsylvania - Campaign Finance Report

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

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

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)		Year	Amendment Report		Termination Report			
<b>11/07/2017</b>		<b>2017</b>	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditure	From Date	To Date	For Office Use Only
	<b>01/01/2018</b>	<b>12/31/2018</b>	2019 JAN 30 AM 8:26 ERIE COUNTY VOTER REGISTRATION T
A- Amount Brought Forward From Last Report	\$	<b>16.01</b>	
B- Total Monetary Contributions and Receipts (From Schedule I)	\$	<b>0.00</b>	
C- Total Funds Available (Sum of Lines A and B)	\$	<b>16.01</b>	
D- Total Expenditures (From Schedule III)	\$	<b>0.00</b>	
E- Ending Cash Balance (Subtract Line D from Line C)	\$	<b>16.01</b>	
F- Value of In-Kind Contributions Received (From Schedule II)	\$	<b>0.00</b>	
G- Unpaid Debts and Obligations (From Schedule IV)	\$	<b>300.00</b>	

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

**30<sup>th</sup>** day of **January**, 20**19**  
 Signature: **Tonia Wilt**

Signature of Person Submitting report: **[Signature]**  
 Printed Name: **Tyler V. Smith**

My Commission expires **4-3-19**  
 NOTARIAL SEAL  
 Tonia Wilt, Notary Public

Area Code: **814** Daytime Telephone Number: **560-9267**

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

Sworn to and subscribed before me this

**30<sup>th</sup>** day of **January**, 20**19**  
 Signature: **Tonia Wilt**

Signature of Candidate: **[Signature]**  
 Printed Name: **JAMES S. BOCK**

My Commission expires **4-3-19**  
 NOTARIAL SEAL  
 Tonia Wilt, Notary Public

Area Code: **814** Daytime Telephone Number: **572-4209**

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Tonia Wilt, Notary Public  
 City of Erie, Erie County  
 My Commission Expires April 3, 2019  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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.

Name of Debtor		JAMES S. & RACHEL E. BOCK		Outstanding Balance of Debt
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House #	Street Address	DATE DEBT INCURRED (MM/BB/YY)	Outstanding Balance of Debt
1000	MARIANNA AVE	06/19/2017	\$ 300.00
City	State	Zip Code	
ERIE	PA	16509	
Description of Debt			
LOAN TO COMMITTEE			

Name of Creditor				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/BB/YY)		
City	State	Zip Code		
Description of Debt				

Name of Creditor				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/BB/YY)		
City	State	Zip Code		
Description of Debt				

Name of Creditor				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/BB/YY)		
City	State	Zip Code		
Description of Debt				

Name of Creditor				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/BB/YY)		
City	State	Zip Code		
Description of Debt				

Name of Creditor				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/BB/YY)		
City	State	Zip Code		
Description of Debt				