

# 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"/>		<input checked="" type="checkbox"/>	
Name of Filing Committee/Candidate or Lobbyist <b>COMMITTEE TO ELECT JIM BOCK</b>				
Street Address <b>1000 MARIANNA AVE</b>				
City <b>ERIE</b>	State <b>PA</b>	Zip Code <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 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 checked="" type="checkbox"/>					

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	01/01/2019	01/27/2020	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 16.01	
C. Total Funds Available (Sum of Lines A and B)		\$ 303.00	
D. Total Expenditures (From Schedule III)		\$ 319.01	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 0.00	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0.00	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0.00	

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

Sworn to and subscribed before me this 29<sup>th</sup> day of January, 2020

Nice/par  
Signature

My Commission expires 07 31 2023  
MO. DAY YR.

James S. Bock  
Signature of Person Submitting report  
**JAMES S. BOCK**  
Printed Name

(814) 572-4209  
Area Code Daytime Telephone Number

**FOR TYCOV. SWICK**

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 29<sup>th</sup> day of January, 2020

Nice/par  
Signature

My Commission expires 07 31 2023  
MO. DAY YR.

James S. Bock  
Signature of Candidate  
**JAMES S. BOCK**  
Printed Name

(814) 572-4209  
Area Code Daytime Telephone Number

Notary Public  
 Commonwealth of Pennsylvania - Notary Seal  
 Nicole Inan, Notary Public  
 Erie County  
 My commission expires July 31, 2023  
 Commission number 1292344  
 Member, Pennsylvania Association of Notaries

**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	
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Full Name of Contributor		Date (MM/DD/YYYY)		\$
JAMES S. & RACHEL E. BOCK		01/27/2020		300.00
House #	Street Address	Date (MM/DD/YYYY)		\$
1000	MARIANNA AVE			
City	State	Zip Code	Date (MM/DD/YYYY)	
ERIE	PA	16509		
Employer Name		Occupation		
MILLCREEK TOWNSHIP		TWP. SUPERVISOR		
Employer Mailing Address/ Principal Place of Business		3608 W. 26TH ST ERIE PA 16506		
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				

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)	\$	3.00
<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)		\$	300.00
Total for the reporting period	(3)	\$	300.00
<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>		\$	303.00

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	MARQUETTE SAVINGS BANK	Date (MM/DD/YYYY)	03/11/2019		10.01
House #	Street Address	Description of Expenditure			
920	PEACH ST	BANK ACCOUNT FEE			
City	State				
ERIE	PA	16501			

To Whom Paid	JAMES S. & RACHEL E. BOCK	Date (MM/DD/YYYY)	01/27/2020		9.00
House #	Street Address	Description of Expenditure			
1000	MARIANNA AVE	BALANCE OF CLOSED COMMITTEE ACCOUNT			
City	State				
ERIE	PA	16509			

To Whom Paid	JAMES S. & RACHEL E. BOCK	Date (MM/DD/YYYY)	01/27/2020		300.00
House #	Street Address	Description of Expenditure			
1000	MARIANNA AVE	LOAN FORGIVENESS BALANCE (TO RECONCILE ENDING CASH BAL.)			
City	State				
ERIE	PA	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			

To Whom Paid		Date (MM/DD/YYYY)			
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

JAMES S. + RACHEL E. BOCK  
1000 MARIANNA AVE  
ERIE, PA 16509  
(814) 572-4209

TO THE COMMITTEE TO ELECT JIM BOCK,

THIS IS TO INFORM YOU THAT WE FORGIVE THE  
REMAINING \$300.00 PORTION OF THE \$2,000.00  
LOAN PROVIDED BY US TO THE COMMITTEE ON  
06/19/2017.

James S Bock  
Rachel E Bock