### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on	20230	C0096				port		CAN	DII	DATE	<b>√</b>	co	MMITTEE		LOBI	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		ERI	C J.	MIKO	VCH										
Street Address:																			
City:									State:	ł				Zip Code	e: 16	410			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	,	<b>√</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	E-	5.	30 DA	TION					TERMINAT REPORT?	ΓΙΟΝ	Yes	No	,	<b>√</b>
report type)	ANNUAL	. REPORT	7. <b>X</b>	<b>Year</b> 2023					IG MET					PAPER		✓	DISKE	TTE	
Name of Office S	ought by	Candidat	:e:						DATE	0	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
									МО		DAY	Υ	'EAR	6	CPJ	DEN	1	reoue	
JUDGE OF THE COURT OF COMMON PLEAS  11 7 202							2023		(SEE INS	TRUCTI	ONS FOR	CODES	)						
Summary of		s and	МО	DAY	YEAR	2			МО		DAY	Y	'EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:		-	11 28	2	023	T	0		12	3	31	2023						
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$					0.00						
B. Total Monet	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																			
D. Total Expenditures (From Schedule III) \$ 0.00																			
E. Ending Cash	Balance	(Subtract	Line D	From Line (	C)			\$					0.00	-					
F. Value Of In-	Kind Con	tributions	Receive	ed (From Se	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$			2	237,	671.63						
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is		-	-	_									_						
I swear (or affirm) correct and complete		report, incli	uding the	attached scl	hedule	s file	ed on	paper	or by el	ectr	ronic me	ediun	n, are to t	the best of	my know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed bef	ore me this		20									Signature	of Person	Submitti	ing Rep	ort		_
	_	Signatur	·e					- -						Printe	ed Name				_
My Commission Ex	pires							_		•				Email					_
		МО	D	AY	YR						Are	ea Co	de	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted a	ny provis	ions of the	act of Ju	ine 3,1	937 (P.L	133:	3,
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	te			-
	——							_						Printed	Name				-
	:	Signature						-											_
My Commission Exp	ires													Email					
	_	мо	D	AY	YR	ł		-			Area Code Daytime Telephone Number						-		

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

#### **Detailed Summary Page**

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
ERIC J. MIKOVCH	From:	11/28/202	<u>23</u> To:	12/31/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
		From:			То	:		
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•			•	•		PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$**0.00

#### **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 from Over \$250.00 in the reporting period.

ame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00	

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate			Reporting Period						
			Fron	From: To:					
				D	ATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL	
							\$	0.00	

# 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.

Name of Filing Committee or	Name of Filing Committee or Candidate			Reporting Period						
			From:			To:				
			•	D	ATE		AI	MOUNT		
Full Name				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (	Plus 4)							
Receipt Description	•	•		•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL		
- Inc. Statia Total of Full E	Jonedane 1, Betanet	. Jammary rage,	500.011				\$	0.00		

#### **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

Name of Filing Committee or Candidate	Reporting Peri	od							
ERIC J. MIKOVCH	From:	<u>11/28/2023</u> <b>To:</b>	12/31/2023						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)									
TOTAL for the Reporting Pe	eriod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (3)	\$	0.00						
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00						

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ame of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						<b>\$</b>	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL		
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL		
						\$	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate			Reporting Period						
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								<b>\$</b>	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupation				
Employer Mailing Address/Principal Place of Business City State				State		Zip Code(Plus 4)			ription of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00					

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ng Period				
						То:		
		DATE		AMOUNT				
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
Enter Grand Total of Expenditures on Dage 1. Depart Cover Dage. Item							PAGE TOTAL	
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item I						\$	0.00	

# 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 Filing Committee or Candidate	me of Filing Committee or Candidate Re							
ERIC J. MIKOVCH			From:	<u>11</u>	/28/2023	То:	1	2/31/2023
					DATE			Outstanding Balance of Debt
Name of Creditor ERIC J. MIKOVCH				МО	DAY	YEAR		
Mailing Address 10290 IVAREA RD				4	30	2023	\$	110,445.91
City CRANESVILLE	<b>State</b> PA	Zip Code (Plu 16410	ıs 4)	Description of Debt CANDIDATE PAID EXPENSES				
					DATE			Outstanding Balance of Debt
Name of Creditor ERIC J. MIKOVCH					DAY	YEAR		
Mailing Address 10290 IVAREA RD					6	2023	\$	40,000.00
City CRANESVILLE	ANESVILLE PA Zip Code (Plus 4) 16410				otion of Del		ES	
					DATE			Outstanding Balance of Debt
Name of Creditor ERIC J. MIKOVCH				МО	DAY	YEAR		
Mailing Address 10290 IVAREA RD				10	11	2023	\$	28,000.00
City CRANESVILLE	<b>State</b> PA	Zip Code (Plu 16410	ıs 4)		otion of Del		ES	
					DATE			Outstanding Balance of Debt
Name of Creditor ERIC J. MIKOVCH				МО	DAY	YEAR		
Mailing Address 10290 IVAREA RD			10	21	2023	\$	9,225.72	
City CRANESVILLE  State PA  Zip Code (Plus 4) 16410					otion of Del		ES	

			DATE			Outstanding Balance of Debt	
Name of Creditor ERIC J. MIKOVCH			мо	DAY	YEAR		
Mailing Address 10290 IVAREA RD			10	24	2023	\$	20,000.00
City CRANESVILLE	State	Zip Code (Plus 4)	Description of Debt CANDIDATE PAID EXPENSES				
GIVINESVILLE	PA	16410					
	DATE					Outstanding Balance of Debt	
Name of Creditor ERIC J. MIKOVCH			мо	DAY	YEAR		
Mailing Address 10290 IVAREA RD			10	25	2023	\$	30,000.00
City CRANESVILLE	State	Zip Code (Plus 4)	Description of Debt				
OIV WESTEEL	PA	16410	CANDIDATE PAID EXPENSES				
		1	<u> </u>				PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$	237,671.63