#### **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	2021	C0365				port ed B		CAN	CANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:		VIN	ICEN	T L. J	OHNS	NC	-							•	
Street Address:																			
City:									State:					Zip Code	: 19	138			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	- 3.		AMENDMENT REPORT?		Yes	No		<b>/</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	≣-	5. <b>X</b>	30 DA		Р	POST- 6.			TERMINAT REPORT?	Yes	No		<b>\</b>	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2021					IG MET CHECK					PAPER		<b>√</b>	DISKE	TTE	
Name of Office S	ought by	Candidat	te:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YEA	AR .	1	СРЈ				
JUDGE OF THE	COURT O	F COMM	ON PLE	AS						11		2	2021	<b> </b>	(SEE INS	TRUCTI	ONS FOR (	CODES	)
Summary of		and	МО	DAY	YEAR	t			МО		DAY	YE	\R	FOR	FOR OFFICE USE ONLY				
Expenditures	from:			9 14	2	021	<u></u>	0	:	10	1	18	2021						
A. Amount Bro	ught Forw	ard Fron	ı Last R	eport				\$	_				0.00						
B. Total Moneta	ary Contri	butions A	and Rec	eipts (From	1 Sche	dule	e I)	\$					0.00						
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$				3,00	0.00	00					
E. Ending Cash	Balance (	Subtract	Line D	From Line	C)			\$					0.00						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Obl	igations	(From S	chedule IV	')			\$					0.00		'				
					AFF	·ID/	AVI	T SE	CTIO	N									
PART I - If this is		•	•	-							• '								
I swear (or affirm) correct and comple		∍port, incl	uding the	attached scl	hedules	s file	d on	paper (	or by ele	ectr	onic me	edium,	are to 1	the best of I	my know	/ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed befo day of	re me this		20						•		Si	nature	e of Person	Submitt	ing Rep	ort		
		Signatur	re					-		•				Printe	d Name				-
My Commission Ex	pires	Signatui								-				Email					-
	- N	мо	DA	AY	YR					•	Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate sha	ıll s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	ıy knowle	edge and beli	ef this	; poli	itical	commi	ittee ha	s no	ot violat	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e me this											s	ignature of	Candida	te			-
	day of ——			_ 20				-						Printed	Name				-
	s	ignature						-		_									_
My Commission Exp														Email					
	_	мо	D	AY	YR	l l		-			Area	Code		Day	time Te	lephor	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
VINCENT L. JOHNSON	From:	<u>9/14/202</u>	2 <u>1</u> To:	10/18/2021
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

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

**PAGE TOTAL \$**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 Filling Committee of Camulate			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.

Name of Filing Committee or Candi	date		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			Rep	orting Pe	riod			
			Fron	n:		To	<b>)</b> :	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	5 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	<b>0.00</b>

## 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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Perio	d						
VINCENT L. JOHNSON	From:	<u>9/14/2021</u> <b>To:</b>	<u>10/18/2021</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR							
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
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,		\$	0.00					

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Candida	te		Reporting	g Period			
			From:			To:	
				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 Sci Section 2.	nedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL
occuon 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting P	Period		
VINCENT L. JOHNSON	From	9/14/2021	То:	10/18/2021

				DATE			AMOUNT
To Whom Paid DEMOCRATIC CAMPAIGN COMMIT	To Whom Paid DEMOCRATIC CAMPAIGN COMMITTEE OF PHILA.				YEAR		
Mailing Address 219 SPRING GARDEN ST.				18	2021	\$	3,000.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19123	1	otion of Exp			
Foton County Total of Forman dile							
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	3,000.00