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 2019	0258			eport		CANDI	CANDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Candid	ate or L	obbyist:	BF	RANCO), KE\	/IN FRIE	NDS O	F							
Street Address:																
City:	COOPERSBUR	kG					State:	PA			Zip Cod	de: 18	8036			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRE PRIMARY	≣-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PR ELECTION	E-	5.	30 DA ELECT		POST-	6.		TERMIN/ REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2020				IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	te:	-		-		DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
							МО	DAY	YE	AR	131	STH	DEN	1	39	
REPRESENTATI	VE IN THE GENER	RAL ASS	EMBLY				11		3	2020		(SEE IN:	STRUCTIO	ONS FOR C	ODES)	
Summary of Receipts and MO DAY YEAR MO DAY YEAR							AR	FC	R OFFI	CE USE	ONLY					
Expenditures	s from:		1 1 2	202	<u>20</u> T	0	3		9	2020						
A. Amount Bro	ught Forward Fron	n Last R	eport			\$			11,4	198.82						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	edu	ıle I)	\$			1,6	525.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 13,123.82																
D. Total Expenditures (From Schedule III)									8	79.94						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$			12,2	43.88]					
F. Value Of In-	Kind Contributions	s Receiv	ed (From Schedu	ule	II)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$				0.00						
			AFI	FI[DAVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here.	If t	this is	a Can	ndidate re	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached schedule	es fi	iled on	paper (or by elect	ronic m	edium	, are to t	the best o	f my knov	wledge	and belie	ef , true	
Sworn to and subs	cribed before me this day of	5	20						S	ignature	of Perso	n Submitt	ting Rep	ort		
	Signatu	re				-					Prin	ted Name	<u> </u>			
My Commission Ex	cpires					_					Ema	il				
	МО	D	AY YF	ł				Are	ea Cod	le	Daytim	ie Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Com	mit	tee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief thi	s po	olitical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333,	l
Sworn to and subsc	ribed before me this day of									s	ignature (of Candida	ate			١
						-					Printe	d Name				١
My Commission Exp	Signature					-					Ema	il				
, commission Exp						_										
MO DAY YR								Area	Code		D	aytime To	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BRANCO, KEVIN FRIENDS OF	From:	1/1/202	<u>20</u> To:	3/9/2020
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)			\$	150.00
All Other Contributions (Part B)	\$	575.00		
TOTAL for the Reporting) Period	(2)	\$	725.00
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)			\$	900.00
TOTAL for the Reporting	Period	(3)	\$	900.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	1,625.00

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.

Name of Filing Committee or Candidate	Reporting	Period		
BRANCO, KEVIN FRIENDS OF	From:	1/1/2020	То:	3/9/2020
		DATE		AMOUNT

Full N	ame of Contributing Committee				DAY	VEAD	
UPPE	R PERK DEMOCRATS-AREA2			МО	DAY	YEAR	
Mailin	Mailing Address					2020	\$ 150.00
City	GREENLANE	State	Zip Code (Plus 4)		14	2020	

18054-0000

PAGE TOTAL150.00

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

PA

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 Commit	ame of Filing Committee or Candidate			Rep	porting Po	eriod				
BRANCO, KEVIN FRIE	NDS OF			Fro	m:	1/1/	2020 To	3/9/2020		
						DATE		AMOUNT		
Full Name of Contributor					мо	DAY	YEAR			
David Backenstow										
Mailing Address								\$	200.00	
City hellertown		State	Zip Code (Plus 4)	1	3	2020			
		PA	18055							
Full Name of Contributor					мо	DAY	YEAR			
roberta barnes					1-10	DAI	ILAK			
Mailing Address								\$	250.00	
City center valley		State	Zip Code (Plus 4)	1	24	2020			
		PA	18034							
Full Name of Contributor					мо	DAY	YEAR			
Ryan Boyle					1-10	DAI	ILAK			
Mailing Address								\$	25.00	
City palm		State	Zip Code (Plus 4)	1	14	2020			
		PA	18070							
Full Name of Contributor					мо	DAY	YEAR			
beverly Hahn					MO	DAT	TEAR			
Mailing Address								\$	100.00	
City blue bell		State	Zip Code (Plus 4)	2	27	2020			
		PA	19422							
									PAGE TOTAL	

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

PAGE TOTAL \$ 575.00

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 Ca	ame of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00	
Mailing Address							*	0.00	
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C o	on Schedule I, Detailed	d 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				Repo	orting Pe	riod				
BRANCO, KEVIN FRIENDS OF				Fron	n:	1/1/2	<u>020</u> To	20 To: 3/9/2020		
					DA	ATE		AMOUNT		
Full Name of Contributor					мо	DAY	YEAR		100.00	
donna benza					МО	DAI	ILAK	\$	100.00	
Mailing Address					2	28	2020	1		
City hellertown	State	Zij	Code (Plus	4)		20	2020	Ī		
	PA	18	055							
Employer Name n/a					Occupat	ion i	retired			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code	(Plus 4)	
n/a					PA		18055			
Full Name of Contributor					мо	DAY	YEAR		100.00	
nna benza			МО	DAI	ILAK	\$	100.00			
Mailing Address					2	28	2020	7		
City hellertown	State	Zij	Code (Plus	4)		20	2020	Ĭ		
	PA	18	055							
Employer Name n/a					Occupat	ion	retired			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code	(Plus 4)	
			n/a		PA			18055		
Full Name of Contributor										
donna benza					МО	DAY	YEAR	 \$	300.00	
Mailing Address					2	28	2020	7		
City hellertown	State	Zij	Code (Plus	4)		20	2020	Ī		
	PA	18	055							
Employer Name n/a					Occupat	ion	retired			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code	(Plus 4)	
			n/a			PA		18055		
Full Name of Contributor						DAY	VEAD			
David Minka					МО	DAY	YEAR	 	50.00	
Mailing Address					1	14	2020	7		
City frenchtown	State	Zij	Code (Plus	4)	1	14	2020	Ī		
	l _{NJ}	08	825							
Employer Name self employed					Occupation self employed					
Employer Mailing Address/Principal Place of Business City					State Zi			Zip Code (Plus 4)		
			frenchtow	n NJ 08825						
frenchtown										

Full Na	ame of Contributor								
					МО	DAY	YEAR	\$	100.00
David	Minka								
Mailing	g Address				2	28	2020	1	
City	frenchtown	State	Zij	p Code (Plus 4)		20	2020		
		l _{NJ}	l ₀₈	825					
Employ	Employer Name self employed					ion :	self emp	loyed	
Employ	Employer Mailing Address/Principal Place of Business City					State		Zip Co	de (Plus 4)
frenchtown					NJ		08825		
Full Name of Contributor			_						
Full Na	ame of Contributor				МО	DAV	VEAD		
Full Na David					МО	DAY	YEAR	\$	250.00
David								-	250.00
David	Minka	State	Zij	p Code (Plus 4)	мо 2	DAY 21	YEAR 2020	-	250.00
David Mailing	Minka g Address	State NJ	'	p Code (Plus 4)				-	250.00
David Mailing City	Minka g Address		'	. ,		21			250.00
David Mailing City Employ	Minka g Address frenchtown	NJ	'	. ,	2	21	2020	bloyed	250.00 de (Plus 4)

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 900.00

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 Candidate		Report	ing Peri	od			
			From:			То:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	lus 4)					
Receipt Description	'	.					<u> </u>	
				_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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 Period							
BRANCO, KEVIN FRIENDS OF	From:	<u>1/1/2020</u> To:	<u>3/9/2020</u>					
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,		\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Reporting Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Re	porting				
				Fro	om:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor	•		•		Occu	pation			
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	ip Code(Plus 4)	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sci	nedule II, In-K	ind	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,								0.00

879.94

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
BRANCO, KEVIN FRIENDS OF			From	From <u>1/1/2020</u> To:			3/9/2020
			DATE				AMOUNT
To Whom Paid			мо	DAY	YEAR		
The Breakthrough Co.							
Mailing Address			2	15	2020	\$	709.94
City Astoria	State	Zip Code (Plus 4)	Description of Expenditure				
	NY	11105	Photo shoot				
To Whom Paid			мо	DAY	YEAR		
The Breakthrough Co.			140		ILAK		
Mailing Address			2	20	2020	\$	170.00
City Astoria	State	Zip Code (Plus 4)	Description of Expenditure				
	NY	11105	business cards				
				·			PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.