Campaign Finance Report

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

Filer Identification 20190258 Number:						Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOBE	YIST	
Name of Filing C	Committee, Cand	lidate o	r Lob	obyist:		BRA	NCC), KE\	/IN FRIE	NDS O	F						
Street Address:	6003 VALL	EY FOR	GE D	R													
City:	COOPERSBURG State: PA								PA Zip Code: 18036								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X						30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRIDAY ELECTION	/ PRE	- 5	5.	30 DA ELECT		POST- 6.			TERMINATION REPORT?		Yes	No	\
report type)	ANNUAL REPO	RT 7.	Υ	/ear 2020					IG METHO				PAPER		\	DISKE	TTE
Name of Office S	- Sought by Candi	date:							DATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
REPRESENTATI	VE IN THE GEN	IEDAI A	SSEI	MRIV					МО	DAY	YI	AR	131	STH	DEM	1	39
REFRESENTATI	.VL IN THE GEN		JJLI	INDET					11		3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)
Summary of Expenditures	Receipts and	МО		DAY	YEAR		_	_	МО	DAY		EAR	FC	R OFFI	CE USE	ONLY	
			1	1	2	020	ı	0	3		9	2020					
A. Amount Bro	ught Forward F	rom Las	t Rep	port				\$			11,4	198.82					
B. Total Monet	ary Contribution	s And F	Recei	pts (From	Sche	dule	I)	\$			1,6	525.00					
C. Total Funds	Available (Sum	Of Line	s A a	ind B)				\$			13,	123.82					
D. Total Expend	ditures (From S	chedule	iII))				\$			8	379.94					
E. Ending Cash	Balance (Subtr	act Line	e D Fr	rom Line C	:)			\$			12,2	43.88					
F. Value Of In-	Kind Contribution	ons Rec	eived	d (From Sc	hedu	le II)	\$				0.00					
G. Unpaid Debt	ts And Obligatio	ns (Fro	m Sc	hedule IV)			\$				0.00					
					AFF	IDA	VI	T SE	CTION								
PART I - If this is	s a Committee r	eport, t	reası	urer sign h	ere. I	[f thi	is is	a Can	didate re	eport, o	candi	date sig	jn here.				
I swear (or affirm) correct and comple		ncluding	the a	attached sch	edules	filed	l on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me	this	-	20							S	Signature	of Perso	n Submit	ting Rep	ort	
								- -					Prin	ted Name	e		
My Commission Ex	-	ature											Ema	::			
11y commission 22	 мо		DAY	<u> </u>	YR			-		Are	ea Cod	le		ii ne Teleph	none Nui	nber	
Part II- If this is	a report of a co	andidate	e's ai	uthorized	Comn	nitte	e. C	andid:	ate shall	sian h	ere.						
I swear (or affirm) No 320) as amende	that to the best of						•			-		y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc		nis										c	ignature (of Candid	ate		
	day of			20				_									
Printed Name																	
My Commission Exp	Signatu pires	re											Ema	il			
	МО		DAY	1	YR			-		Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

betanea banmary rage				
Name of Filing Committee or Candidate	Reporting	Period		
BRANCO, KEVIN FRIENDS OF	1/1/202	<u>0</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	Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	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 I	Period		
BRANCO, KEVIN FRIENDS OF	From:	1/1/2020	To:	<u>3/9/2020</u>

DATE	AMOUNT

Full Name of Contributing Committee UPPER PERK DEMOCRATS-AREA2	МО	DAY	YEAR			
Mailing Address P.O. BOX 33			1	14	2020	\$ 150.00
City GREENLANE	State PA	Zip Code (Plus 4) 18054-0000	1	1.	2020	

PAGE TOTAL 150.00

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

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 or Candidate				Reporting Period						
BRANCO, KEVIN FRIENDS OF Fro				1/1/	2020 T o):	<u>3/9/2020</u>			
		1		DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
David Backenstow										
Mailing Address 148 main	street					\$	200.00			
City hellertown	State	Zip Code (Plus 4)	1	3	2020					
	PA	18055								
Full Name of Contributor roberta barnes			МО	DAY	YEAR					
Mailing Address 4481 alleg	jiant st					\$	250.00			
City center valley	State	Zip Code (Plus 4)	1	24	2020					
	PA	18034								
Full Name of Contributor			МО	DAY	YEAR					
Ryan Boyle				DAI	LAK					
Mailing Address 1025 hill r	·d					\$	25.00			
City palm	State	Zip Code (Plus 4)	1	14	2020					
	PA	18070								
Full Name of Contributor			МО	DAY	YEAR					
beverly Hahn			140	JA.	ILAN					
Mailing Address 1621 wind	hester dr					\$	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 Candidate			Reporting Period						
			From:			То:			
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TO	Γ AL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary 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					
BRANCO, KEVIN FRIENDS OF				Fron	n:	1/1/2	<u>020</u> To	:	3/9/2020		
			·		DATE AMOUNT						
Full Name of Contributor					мо	DAY	YEAR				
David Minka					MO	DAT	TEAR	\$	50.00		
Mailing Address 10 bridge st apt 3a					1	14	2020				
City frenchtown	State	Zip	Code (Plus	4)		1.	2020				
NJ 08825											
Employer Name self employed					Occupat	ion	self emp	oloyed			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	le (Plus 4)		
10 bridge st			frenchtowi	n		NJ		08825			
Full Name of Contributor					мо	DAY	YEAR	Ι.			
David Minka					МО	DAT	ILAK	\$	100.00		
Mailing Address 10 bridge st apt 3a					2	28	2020				
City frenchtown	State	Zip	Code (Plus	4)	_	20	2020				
	NJ	088	825								
Employer Name self employed					Occupat	ion	self emp	oloyed			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	le (Plus 4)		
10 bridge st			frenchtow	n		NJ		08825			
Full Name of Contributor					мо	DAY	YEAR		350.00		
David Minka						5 70.	. 27414	\$	250.00		
Mailing Address 10 bridge st apt 3a					2	21	2020				
City frenchtown	State	Zip	Code (Plus	4)							
	NJ	088	825								
Employer Name self employed					Occupat	ion	self emp	oloyed			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	le (Plus 4)		
10 bridge st			frenchtowi	n		NJ		08825			
Full Name of Contributor					мо	DAY	YEAR	\$	100.00		
donna benza								↓ *	100.00		
Mailing Address 1886 mill run ct	· · · · · · · · · · · · · · · · · · ·				2	28	2020				
City hellertown	State	-	Code (Plus	4)							
PA 18055								1			
Employer Name n/a				Occupation retired							
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	le (Plus 4)		
n/a			n/a		PA 18055						

Full Name of Contributor				мо	DAY	YEAR	100	00	
donna benza				1-10	DAI	ILAK	\$ 100.0	JU	
Mailing Address 1886 mill run ct				2	28	2020			
City hellertown	State	Zip Code (Plus 4)			20	2020	' 		
	PA	18	8055						
Employer Name n/a				Occupat	ion	retired			
Employer Mailing Address/Principal Pla	ce of Business		City		State		Zip Code (Plus 4)		
n/a		n/a					18055		
Full Name of Contributor					DAY	YEAR			
donna benza				МО	DAT	ILAK	\$ 300.0	00	
Mailing Address 1886 mill run ct				2	28	2020			
City hellertown	State	Zij	Code (Plus 4)] [20	2020			
	PA	18	8055						
Employer Name n/a				Occupat	ion	retired			
Employer Mailing Address/Principal Pla	ce of Business		City		State		Zip Code (Plus 4)		
n/a n/a					PA 18055				
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	ımn	nary Page, Secti	on 3.			PAGE TOTAL		

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:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (I	Plus 4)				
Receipt Description	•	•			•		
Futor Count Total of Boot	Fan Cabadula I Batailad	Commence Dance	Castian	4			PAGE TOTAL
Enter Grand Total of Part	c on scnedule 1, Detailed	Summary Page,	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	1	
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 P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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 Re				Reporting Period					
			From:			To:			
		•		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 S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL		
Section 2.						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
BRANCO, KEVIN FRIENDS OF			From	<u>1/2</u>	L/2020	3/9/2020		
				DATE				
To Whom Paid			МО	DAY	YEAR			
The Breakthrough Co.								
Mailing Address 2308 42nd st			2	20	2020	\$	170.00	
City Astoria	State	Zip Code (Plus 4)	Description of Expenditure					
	NY	11105	business cards					
To Whom Paid			мо	DAY	YEAR			
The Breakthrough Co.			1.10		i EAIX			
Mailing Address 2308 42nd st			2	15	2020	\$	709.94	

_							
City Astoria	State	Zip Code (Plus 4)	Description of Expenditure				
	NY	11105	Photo shoot				
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	879.94	