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	90258			Rep File			CANI	DII	DATE		COM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		BRA	NC), KE	VIN FR	ΙΕΝ	IDS O	F							
Street Address:	6003 VALLEY	' FORGE	DR															
City:	COOPERSBUI	RG						State:		PA			Zip Code: 18036					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA		P				AMENDMENT REPORT?		Yes		lo	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	≣- !	5.	30 DA		Р	OST-	6.		TERMINA REPORT?	Yes	Ī	lo	/	
report type)	ANNUAL REPORT	7.	Year 2020 FILING METHO () CHECK ON					_			PAPER		√	DIS	ETTE			
Name of Office S	ought by Candida	ate:						DATE	OI	F ELE	CTIC	ON	District Number	Office Code	Pai	ty Coc	e Cou	
DEDDECENITATI	VE IN THE CENE	DAL ACC	SEMBLY					МО		DAY	YI	EAR	131	STH	DEI	1	39	
REPRESENTATIVE IN THE GENERAL ASSEMBLY								1	11		3	2020		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of		МО	DAY	YEAR	ł			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONL	′	
Expenditures	irom:		1 1	. 2	020	Т	0		3		9	2020						
A. Amount Bro	ught Forward Fro	m Last R	leport				\$				11,	498.82						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$				1,	625.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 13,123.8								123.82										
D. Total Expenditures (From Schedule III)							\$					379.94						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				12,2	243.88						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligations	From S	Schedule I\	/)			\$					0.00						
				AFF	IDA	١٧٧	T SE	CTIO	N									
PART I - If this is		-	_							-		_						
I swear (or affirm)	that this report, inc ete.	luding the	e attached so	chedule	s filed	d on	paper	or by ele	ectr	onic m	edium	ı, are to t	the best of	f my knov	vledge	and be	elief , tr	ue
Sworn to and subs	cribed before me th day of	is	20						-		5	Signature	of Person	1 Submitt	ing Re _l	ort		_
	Signati	ure					-		•				Print	ted Name				-
My Commission Ex	pires						_						Emai	I				
	МО	D.	AY	YR						Are	ea Coo	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andid	ate sha	ıll s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and bel	ief this	polit	ical	comm	ittee has	s no	ot viola	ted ar	ny provis	ions of the	e act of Ju	ine 3,1	937 (F	.L. 133	3,
Sworn to and subsc	ribed before me this day of	í	20									s	ignature o	f Candida	ite			_
							-						Printe	d Name				-
	Signature						-		_				Emai	il				_
My Commission Exp	ires						_											_
	мо	D	AY	YR	1		_			Area	Code		Da	ytime Te	lephor	e Nun	ber	_

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	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 Page 1, 2,3 and 4; also enter this amount on Page1, Report Cover Page 2, 2,3,4,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5			\$	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 Name of Contributing Committee UPPER PERK DEMOCRATS-AREA2	МО	DAY	YEAR			
Mailing Address P.O. BOX 33						\$ 150.00
City GREENLANE	State	Zip Code (Plus 4)	1	14	2020	
	PA	18054-0000				

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

PAGE TOTAL \$ 150.00

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 or Candidat	Name of Filing Committee or Candidate				Reporting Period						
BRANCO, KEVIN FRIENDS OF			From:	1/1/	<u>2020</u> T o	3/9/2020					
				DATE		AMOUNT					
Full Name of Contributor David Backenstow			МО	DAY	YEAR						
Mailing Address 148 main street						\$ 200.00					
City hellertown	State PA	Zip Code (Plus 4) 18055	1	3	2020						
Full Name of Contributor roberta barnes			мо	DAY	YEAR						
Mailing Address 4481 allegiant st			1	24	2020	\$ 250.00					
City center valley	State PA	Zip Code (Plus 4) 18034		24	2020						
Full Name of Contributor Ryan Boyle			МО	DAY	YEAR						
Mailing Address 1025 hill rd					2020	\$ 25.00					
City palm	State PA	Zip Code (Plus 4) 18070	1	14	2020						
Full Name of Contributor beverly Hahn			МО	DAY	YEAR						
Mailing Address 1621 winchester dr						\$ 100.00					
City blue bell	State PA	Zip Code (Plus 4) 19422	2	27	2020						
						PAGE TOTAL					

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

\$ 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	me of Filing Committee or Candidate Report				ing Period					
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule 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 Candida	te			Rep	orting Pe	riod				
BRANCO, KEVIN FRIENDS OF				Fror	m:	<u>1/1/2</u>	<u>020</u> To):	3/9/2020	
					D	ATE		АМО	DUNT	
Full Name of Contributor David Minka					мо	DAY	YEAR			
Mailing 10 bridge st apt 3a	1							\$	50.00	
City frenchtown	State	Zi	p Code (Plus	(4)	1	14	2020			
	NJ	08	3825							
Employer Name Self employed	pployer Name self employed			Occupat						
Employer Mailing Address/Principal Place of City Business					State		Zip Code	Zip Code (Plus 4)		
10 bridge st frenchtown				КИ		08825				
Full Name of Contributor David Minka					МО	DAY	YEAR			
Mailing 10 bridge st apt 3a	1							\$	100.00	
City frenchtown	State	Zi	p Code (Plus	s 4)	2	28	2020			
	NJ	30	3825							
Employer Name self employed					Occupat	t ion S	elf emp	loyed		
Employer Mailing Address/Principal P Business	lace of		City			State		Zip Code	(Plus 4)	
10 bridge st			frenchtov	vn		l NJ		08825		
Full Name of Contributor										
David Minka					МО	DAY	YEAR			
Mailing 10 bridge st apt 3a	1							\$	250.00	
City frenchtown	State	Zi	p Code (Plus	i 4)	2	21	2020			
	NJ	08	3825							
Employer Name self employed				Occupation self employed						
Employer Mailing Address/Principal P Business	lace of		City		•	State		Zip Code	(Plus 4)	
10 bridge st			frenchtov	vn	NJ 08825					

							PAGE 7	
Full Name of Contributor				МО	DAY	YEAR		
donna benza				140	DAI	ILAN		
Mailing 1886 mill run ct							\$ 100.00	
City hellertown	State	Zip	Code (Plus 4)	2	28	202	0	
	PA	180	55					
Employer Name n/a				Occupation retired				
Employer Mailing Address/Principal Plac Business	e of		City	•	State		Zip Code (Plus 4)	
n/a			n/a		PA		18055	
Full Name of Contributor donna benza				МО	DAY	YEAR		
Mailing 1886 mill run ct							\$ 100.00	
City hellertown	State	Zip	Code (Plus 4)	2	28	202	0	
	PA	180	55					
Employer Name n/a				Occupation retired				
Employer Mailing Address/Principal Plac Business	e of		City	•	State		Zip Code (Plus 4)	
n/a			n/a		PA		18055	
Full Name of Contributor					DAY	YEAR		
donna benza				МО	DAI	ILAN		
Mailing 1886 mill run ct							\$ 300.00	
City hellertown	State	Zip	Code (Plus 4)	2	28	202	0	
	PA	180	55					
Employer Name n/a			Occupat	ion	etired	•		
Employer Mailing Address/Principal Place of Business City		City	•	State		Zip Code (Plus 4)		
n/a n/a			n/a	PA 18055			18055	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	mma	ary Page, Section	on 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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	d	
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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	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	ле 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 Candidate	ame of Filing Committee or Candidate				Reporting				
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

STATEMENT OF EXPENDITURES

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

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

879.94