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			Repor Filed I		CAN	NDI	DATE		СОМ	AITTEE	Y	LOBE	31131	
Name of Filing C	Committee, Candid	late or L	obbyist:		BRANC	O, KE	VIN FF	RIE	NDS OF				·			
Street Address:																
City:	COOPERSBUF	RG					State	:	PA			Zip Co	de: 18	3036		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		P	POST-	6.		TERMINA REPORT		Yes	No	✓
report type)	ANNUAL REPORT	7.	Year 2021				NG ME					PAPER		\checkmark	DISKE	TTE
Name of Office S	- Sought by Candida	ite:	-		-		DATI	ΕO	F ELEC	TIO	N	District Number	Office Code	Par	ty Code	County Code
							МО		DAY	YE	AR		·	DEM	1	39
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
			1 1	. 20	021 7	ГО		3	2	9	2021					
A. Amount Brought Forward From Last Report						\$				20,3	22.01					
B. Total Monet	\$					0.00										
C. Total Funds	Available (Sum O	f Lines A	and B)			\$				20,3	22.01					
D. Total Expen	ditures (From Sch	edule II	Ξ)			\$	1			1	06.21					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				20,2	15.80					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	e II)	\$	1				0.00					
G. Unpaid Debt	ts And Obligations	(From	Schedule IV	/)		\$					0.00			•		
				AFF	IDAVI	T SE	CTIC	N								
I swear (or affirm)	s a Committee rep) that this report, inc	-	_								_		f my kno	wledge a	and belie	ef , true
correct and comple		_														
	cribed before me thi day of — ————	.	_ 20			_				S	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	ire				_						Prin	ted Nam	е		
My Commission Ex	· —					_		•				Ema	il			
	МО	D	AY	YR					Area	a Cod	e	Daytin	ne Telepi	none Nu	mber	
	a report of a can				•											
No 320) as amende		ny knowi	eage and bei	ier this	political	comm	iittee na	as n	ot violate	ea an	y provis	ions of th	e act or J	une 3,1	937 (P.L.	. 1333,
Sworn to and subsc	ribed before me this day of		20								S	ignature (of Candid	ate		
						_						Printe	d Name			
My Commission Exp	Signature pires					_						Ema	il			
	мо	D	AY	YR		_			Area C	ode		D	aytime 1	elephon	e Numbe	 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>1</u> To:	3/29/2021
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

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 Candidat	e	F	Reporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

PART B 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.

Name of Filing Commi	ttee or Candidate		Reporting	Period			
			From:		Т	o:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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

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	ne of Filing Committee or Candidate		Reporting Period							
			From:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTA	AL	
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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					
				Fron	n:		٦	То:			
					D	ATE			А	MOUNT	
Full Name of Contributor					мо	DAY	YEAR	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		z	ip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	nary Page,	Section	on 3.			\$	F	PAGE TOTA	L .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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				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	I							
BRANCO, KEVIN FRIENDS OF	From:	<u>1/1/2021</u> To:	<u>3/29/2021</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 Candi	idate		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	Schedule 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				Re	porting	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					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
BRANCO, KEVIN FRIENDS OF	From	1/1/2021	То:	3/29/2021

				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
act blue			MO	DAI	ILAK			
Mailing Address			2	9	2021	\$	0.50	
City Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	МА	02144-0031	fees					
To Whom Paid			МО	DAY	YEAR			
act blue			МО		ILAK			
Mailing Address			3	24	2021	\$	32.85	
City Somerville	State	Zip Code (Plus 4)	Description of Expenditure					
	MA	02144-0031	monthly	/ fee				
To Whom Paid			МО	DAY	YEAR			
act blue			ПО		12/11			
Mailing Address			2	24	2021	\$	32.85	
City Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	MA	02144-0031	monthly	/ fee				
To Whom Paid			МО	DAY	YEAR			
act blue								
Mailing Address			1	25	2021	\$	32.85	
City Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	МА	02144-0031	monthly	/ fee				
To Whom Paid			МО	DAY	YEAR			
act blue			МО	DAT	TEAR			
Mailing Address			1	9	2021	\$	7.16	
City Somerville State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	1		
	MA	02144-0031	act blue	fees				
						PAGE TOTAL		
Enter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item D				\$	106.21	
							200.21	