LOBBYIST

COMMITTEE 🗸

### **Campaign Finance Report**

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

Report

CANDIDATE

Filer Identificati Number :	on 2019	0258			Rep File			CAN	DII	DATE		СОМ	4ITTEE	<b>✓</b>	LOB	BYIST	
Name of Filing C	ommittee, Candida	ate or Lo	obbyist:	E	BRAI	NCC	), KE\	/IN FR	IEN	NDS O	F						
Street Address:	6003 VALLEY	FORGE	DR														
City:	COOPERSBUR	G						State:	1	PA			<b>Zip Code:</b> 18036				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE-	2	2.		30 DAY P PRIMARY			3.		AMENDMENT REPORT?		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5	5.	30 DA		Р	OST-	6.		TERMINATION REPORT?		Yes	No	<b>✓</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2021					NG MET		_			PAPER		$\checkmark$	DISKE	ГТЕ
Name of Office S	- Sought by Candidat	e:						DATE	0	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	County Code
								МО		DAY	Y	EAR			DEI	1	39
									11		2	2021		(SEE INS	TRUCTI	ONS FOR C	ODES)
•	Receipts and	МО	DAY	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	
Expenditures	from:		1 1	20	)21	Т	0		3	:	29	2021					
A. Amount Bro	ught Forward Fron	ı Last R	eport				\$				20,	322.01					
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.0							0.00										
C. Total Funds Available (Sum Of Lines A and B)							\$				20,	322.01					
D. Total Expenditures (From Schedule III)							\$				:	106.21					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				20,2	215.80					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	<b>'</b> )			\$					0.00		'			
				AFF]	IDA	VI	ΓSE	CTIO	N								
	a Committee repo		_									_					
I swear (or affirm) correct and comple	that this report, inclete.	uding the	attached sc	hedules	filed	on	paper	or by el	ectr	onic m	edium	ı, are to t	he best o	f my knov	/ledge	and belie	f , true
Sworn to and subs	cribed before me this day of		20									Signature	of Perso	n Submitt	ing Re <sub>l</sub>	oort	
	Signatu	·e					-						Prin	ted Name			
My Commission Ex	opires						_		•				Ema	il			
	МО	D/	AY	YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	itte	e, C	andid	ate sha	all s	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of med.	y knowle	edge and beli	ef this	politi	ical	comm	ittee ha	s no	ot viola	ted ar	ny provis	ions of th	e act of Ju	ne 3,1	937 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20									s	ignature o	of Candida	te		
							-						Printe	d Name			
My Commission Exp	Signature ires						-		•				Ema	il			
	мо	D/	AY	YR						Area	Code		Da	aytime Te	elephor	ie 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	g 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	y 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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 onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•				-		DAGE TOTAL

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

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 Filing Committee o	or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	<b>)</b> :	
					DATE		A	MOUNT
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.

**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 Candidate			Reporting	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 Candidate				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</b> 0.00

## 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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
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			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i> 50a. <b>y</b> 1 dgc,	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	I	
BRANCO, KEVIN FRIENDS OF	From:	<u>1/1/2021</u> <b>To:</b>	<u>3/29/2021</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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candida	te				Re	porting	Period					
					Fro	m:		То	:			
					<u> </u>		DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (	Contributio	on
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOT	ΓAL
Summary Page, Section 3.												0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

No	Name of Filing Committee or C	Candidate		Reporti	ng Period						
Mo	BRANCO, KEVIN FRIENDS OF			From	<u>1/</u>	1/2021	То:	3/29/2021			
Mo					DATE			AMOUNT			
Mailing Address   PO Box 441146   1   9   2021   \$   7.16	To Whom Paid			мо	DAY	YEAR					
City Somerville  State MA  Description of Expenditure act blue  MO  DAY  VEAR  Description of Expenditure act blue fees  MO  DAY  VEAR  Description of Expenditure act blue fees  To Whom Paid act blue  State MA  Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  Description of Expenditure monthly fee  To Whom Paid act blue  MA  Description of Expenditure monthly fee  To Whom Paid act blue  MO  DAY  VEAR  Description of Expenditure monthly fee  To Whom Paid act blue  Mo  DAY  VEAR  Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  Description of Expenditure monthly fee	uct blue										
To Whom Paid act blue  MA DAY VEAR  Mo DAY VEAR  Mailing Address PO Box 441146	Mailing Address PO Box 44	1146		1 9 2021 \$							
MA	City Somerville	State	Zip Code (Plus 4)	Description of Expenditure							
Mailing Address   PO Box 441146   To Whom Paid act blue   State   MA   Day   VEAR	55 <u>6</u>	MA	02144-0031								
State   MA	To Whom Paid act blue		•	МО	DAY	YEAR					
City Somerville  State MA	Mailing Address PO Box 44	11/6		1	25	2021		22.05			
To Whom Paid act blue  Mailing Address PO Box 441146  City Somerville  State Mailing Address PO Box 441146  To Whom Paid act blue  Mo Day YEAR  2 24 2021 \$ 32.85  City Somerville  Mo Day YEAR  Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  City Somerville  State Zip Code (Plus 4) 02144-0031  Description of Expenditure monthly fee  To Whom Paid act blue  Mo Day YEAR  City Somerville  Mo Day YEAR  Description of Expenditure monthly fee  To Whom Paid act blue  Mo Day YEAR  City Somerville  State Zip Code (Plus 4) 02144-0031  Mo Day YEAR  City Somerville  Mo Day YEAR  City Somerville  Mo Day YEAR  City Somerville  State Zip Code (Plus 4) 02144-0031  Description of Expenditure fees	FO BOX 44							32.85			
To Whom Paid act blue  Mailing Address PO Box 441146  State MA DAY YEAR  Zip Code (Plus 4) Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  State MA DAY YEAR  All Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  State MA DAY YEAR  All Description of Expenditure monthly fee  To Whom Paid act blue  MA DAY YEAR  All Description of Expenditure monthly fee  To Whom Paid act blue  Mo DAY YEAR  State MA DESCRIPTION OF Expenditure monthly fee  To Whom Paid act blue  Mo DAY YEAR  All Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  State Zip Code (Plus 4) Description of Expenditure fees	<b>City</b> Somerville					enditure	•				
Mailing Address PO Box 441146  City Somerville  State MA  Mo DAY  PEAR  32.85  City Somerville  State MA  Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  City Somerville  State Zip Code (Plus 4) 02144-0031  Description of Expenditure monthly fee  To Whom Paid act blue  MO DAY  YEAR  3 24 2021 \$ 32.85  City Somerville  MA  Description of Expenditure monthly fee  To Whom Paid act blue  MO DAY  YEAR  2 2021 \$ 32.85  City Somerville  State MA  Description of Expenditure monthly fee  To Whom Paid act blue  Mo DAY  YEAR  Description of Expenditure monthly fee  To Whom Paid act blue  Mo DAY  YEAR  Description of Expenditure monthly fee		MA	02144-0031	monthl	ly fee						
Mailing Address   PO Box 441146   2   24   2021   \$   32.85	To Whom Paid	·	<u> </u>	MO	DAY	VEAD					
City Somerville  State MA  MA  State MA  Description of Expenditure monthly fee  To Whom Paid act blue  Mo  DAY  YEAR  Mo  DAY  YEAR  State MA  State MA  Description of Expenditure monthly fee  To Whom Paid Address  FO Box 441146  State MA  Description of Expenditure monthly fee  To Whom Paid Address  MO  DAY  YEAR  Description of Expenditure monthly fee  To Whom Paid Address  MO  DAY  YEAR  To Whom Paid Address  MO  DAY  YEAR  Mailing Address  PO Box 441146  Description of Expenditure monthly fee  To Whom Paid Address  MO  DAY  YEAR  Mailing Address  PO Box 441146  Description of Expenditure fees	act blue			MO	DAI	ILAK					
To Whom Paid act blue  Mailing Address PO Box 441146  State MA Day YEAR  Zip Code (Plus 4) Description of Expenditure monthly fee  To Whom Paid act blue  Mo Day YEAR  3 24 2021 \$ 32.85  City Somerville  Mo Day YEAR  Mo Day YEAR  To Whom Paid act blue  Mo Day YEAR  Description of Expenditure monthly fee  To Whom Paid act blue  Mo Day YEAR  Description of Expenditure fees	Mailing Address PO Box 44	1146		2	24	2021	\$	32.85			
To Whom Paid act blue  Mo DAY YEAR  Mailing Address PO Box 441146  State MA Description of Expenditure monthly fee  To Whom Paid act blue  Mo DAY YEAR  3 24 2021 \$ 32.85  City Somerville  Mo DAY YEAR  Mo DAY YEAR  To Whom Paid act blue  Mo DAY YEAR  Mo DAY YEAR  Mo DAY YEAR  City Somerville  Mo DAY YEAR  Mo DAY  Mo DA	City Somerville	State	Zip Code (Plus 4)	Descri	ntion of Ex	l enditure	<u> </u>				
Mailing Address PO Box 441146  State MA	Somervine	MA	02144-0031								
Mailing Address PO Box 441146  City Somerville  State MA  MA  Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  MO  DAY  VEAR  2 9 2021 \$ 0.50  City Somerville  MA  Description of Expenditure monthly fee  To Whom Paid act blue  MO  DAY  VEAR  2 9 2021 \$ 0.50  City Somerville  MA  Description of Expenditure fees	To Whom Paid	· ·	<u>'</u>	MO	DAY	VEAD					
City Somerville  State MA  State MA  Description of Expenditure monthly fee  To Whom Paid act blue  Mailing Address PO Box 441146  City Somerville  State MA  State MO  DAY  VEAR  2 9 2021 \$ 0.50  City Somerville  MA  Description of Expenditure monthly fee	act blue			MO	DAI	ILAK					
To Whom Paid act blue  Mailing Address PO Box 441146  City Somerville  MA  Day YEAR  2 9 2021 \$ 0.50  City Somerville  MA  Description of Expenditure fees	Mailing Address PO Box 44	1146		3	24	2021	\$	32.85			
To Whom Paid act blue  Mailing Address PO Box 441146  State MA Description of Expenditure fees  MA DAY YEAR  2 9 2021 \$ 0.50  City Somerville MA Description of Expenditure fees	City Somerville	State	Zip Code (Plus 4)	Descri	tion of Exi	l Denditure	<u> </u>				
Act blue  Mo DAY YEAR  Mailing Address PO Box 441146  2 9 2021 \$ 0.50  City Somerville  MA Zip Code (Plus 4) Description of Expenditure fees	Somerville	MA	02144-0031								
Mailing Address         PO Box 441146         2         9         2021         \$ 0.50           City         Somerville         State MA         Zip Code (Plus 4) 02144-0031         Description of Expenditure fees	To Whom Paid			мо	DAY	YEAR					
City Somerville  State   Zip Code (Plus 4)   Description of Expenditure   MA   02144-0031   fees   City   Code (Plus 4)   Description of Expenditure   City   Code (Plus 4)   City   Cit	act Diuc	ct blue									
MA 02144-0031 fees	Mailing Address PO Box 44	ing Address PO Box 441146			9	2021	\$	0.50			
	<b>City</b> Somerville	State	Zip Code (Plus 4)	Description of Expenditure							
PAGE TOTAL		MA	02144-0031	fees							
		l	l					PAGE TOTAL			

106.21