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	DIE	DATE		COM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candid	late or L	obbyist:		BRAI	NCC), KE\	VIN FR	IEN	IDS O	F			•				
Street Address:																		
City:	COOPERSBUF	≀G						State:		PA			Zip Cod	le: 18	036			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE-	. 2	2.	30 DA		P	OST-	3. X		AMENDM REPORT?		Yes	N	0	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	Y PRE	- 5	j.	30 DA		P	OST-	6.		TERMINATION REPORT?		Yes	N	0	√
report type)	ANNUAL REPORT	7.	Year 2021					NG MET		_			PAPER		\	DISK	ETTE	
Name of Office S	Sought by Candida	ite:						DATE	OI	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Code	
								МО		DAY	YI	EAR			DEI	1	39	
								1	11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	МО	DAY	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	trom:		5 4	20	021	Т	0		6		7	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				19,	682.95						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				19,	682.95						
D. Total Expend	ditures (From Sch	edule II	I)				\$					32.85						
E. Ending Cash	Balance (Subtrac	t Line D	From Line (C)			\$				19,6	550.10						
F. Value Of In-	Kind Contribution	s Receiv	ed (From So	chedul	e II))	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$					0.00						
				AFF:	IDA	VI	ΓSE	CTIO	N									
	a Committee rep		_															
I swear (or affirm) correct and complete) that this report, inc ete.	luding the	e attached sch	nedules	filed	on	paper	or by ele	ectr	onic m	edium	i, are to t	the best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me thi day of	s	20						-		5	Signature	of Perso	n Submitt	ing Re _l	ort		_
	Signatu	ıre					-		-				Prin	ted Name				_
My Commission Ex	xpires						_		-				Emai	I				
	МО	D	AY	YR						Are	ea Cod	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee	e, C	andid	ate sha	ıll s	ign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of a	ny knowle	edge and beli	ef this	politi	ical	comm	ittee has	s no	t viola	ted ar	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me this day of		20									S	ignature o	of Candida	ite			_
							_						Printe	d Name				-
	Signature						-		_									_
My Commission Exp	ires												Ema	il				
	МО	D.	AY	YR			•			Area	Code		Da	ytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BRANCO, KEVIN FRIENDS OF	From:	<u>5/4/202</u>	<u>1</u> To:	<u>6/7/2021</u>
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 Candida	e	R	eporting	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.

0.00

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.

(Exclu	de contributions fron	n political comm	itte	es re _l	oortea	in Part	A)	
Name of Filing Committe	e or Candidate		Rep	orting P	eriod			
			From: To:					
		1			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
City	State	Zip Code (Plus 4))					
	•	•	•		•	•		PAGE TOTAL

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

8/31/2025 6:55:00 PM

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		,	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schee	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			
			Fron	n:		т	o:	
				D	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							т	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		Repor	ting Peri	od			
			From:			To:		
				[DATE		ı	AMOUNT
Full Name				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description		I		1	1	1	ı	
			. .:	_		ſ	P	PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	i 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 Perio	d							
BRANCO, KEVIN FRIENDS OF	From:	<u>5/4/2021</u> To:	<u>6/7/2021</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 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 Ca	ındidate		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 Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ige,		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	Period		
BRANCO, KEVIN FRIENDS OF	From	<u>5/4/2021</u>	То:	<u>6/7/2021</u>

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
ail Chimp			MO		ILAK		
Mailing Address				24	2021	\$	32.85
City Atlanta	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	GA	30308	email				
							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							32.85