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	2022	C1211				port		CAND	IDATE	√	CC	MMITTEE		LOBI	BYIST		
Name of Filing C	Committe	e, Candida	ate or Lo	obbvist:				BRANC	 CO								<u> </u>	_
		-,		,														_
Street Address:																		
City:									State: Zip Code: 18036									
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No	Y	
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	E-	5.	30 DA		POST- 6. TERMINATI REPORT?					Yes	No	>	
report type)	ANNUAL	. REPORT	7.	Year 2022					NG METH				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought h	, Candidat						` '	DATE (CTIO	N	District	Office	Par	ty Code		_
Name of Office S	ought by	Candidat	.e:						МО	DAY	YE	AR	Number 131	STH	DEN	1	Code	_
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					11		8	2022	-	(SEE INS	TRUCTI	ONS FOR	CODES)	_
Summary of	Receipts	s and	МО	DAY	YEAF	₹			МО	DAY	YE	AR	FOF	ROFFIC			,	
Expenditures				3 29	2	022	Т	0	5	5	2	2022						
A. Amount Bro	ught For	ward Fron	ı Last R	eport				\$				0.00						
B. Total Monet	ary Conti	ributions <i>A</i>	And Rec	eipts (From	Sche	dule	e I)	\$				0.00	1					
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From Sche	edule II	I)				\$				0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV	')			\$				0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comn	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, e	candid	late sig	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elec	tronic m	edium,	are to	the best of	my know	/ledge	and beli	ef , true	ð,
Sworn to and subs	cribed bef day of	ore me this		20							Si	gnature	e of Person	Submitti	ing Rep	ort		
	_	Signatur	re					- -					Printe	ed Name				٠
My Commission Ex	cpires	_											Email					١
		мо	D	AY	YR					Ar	ea Cod	e	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has ı	not viola	ted any	, provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	١
Sworn to and subsc		re me this										s	ignature of	Candida	te			۱ ا
	day of —							_					Printed	Nama				.
		Signature						-					Frinted	Name				
My Commission Exp		g., a.tu. e											Email					
	_	МО	D	AY	YR	<u> </u>		-		Area	Code		Day	time Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
KEVIN BRANCO	From:	<u>3/29/202</u>	<u>2</u> To:	5/2/2022			
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	(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 ar 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 Candidate Re				Period			
			From:		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.

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 Commi	ttee or Candidate	F	Reporting P	Period			
) :		
		·		DATE			AMOUNT
Full Name of Contributo	r		МО	DAY	YEAR		
						\$	0.00
Mailing Address						, →	0.00
Mailing Address City	State	Zip Code (Plus 4)				7	0.00

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			Reporting Period							
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on School	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					Reporting Period					
	om: To:									
				D	ATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address							1			
City	State	Zip Code (Plu	s 4)							
Employer Name		•		Occupation						
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)		
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 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	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	'	1					<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 Per	iod							
KEVIN BRANCO	From:	3/29/2022 To:	5/2/2022						
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	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 Candidate Re				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					porting	Period			
Fro					m:	То:			
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	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
	DATE						AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)				tion of Exp	enditure				
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL		
Lines Grand Total Of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00		