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 ed E		CAND	IDATE	>	CC	OMMITTEE		LOBI	BYIST		
Name of Filing C	committe	e, Candida	ate or L	obbyist:		KΕ\	/IN E	3RAN(CO									
Street Address:																		
City:									State:				Zip Code	e: 18	036			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3. X		AMENDME REPORT?	NT	Yes	No	•	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA		POST-	OST- 6. TERMINATION Yes REPORT?						•	/
report type)	ANNUAL	REPORT	7.	Year 2022					NG METH							DISKE	TTE	
Name of Office S	Sought by	, Candidat	:e:						DATE (OF ELE	F ELECTION District Office Number Code						Count	y
									МО	DAY	YE	AR	131	STH	DEN	1	code	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					1:	1	8	(SEE INSTRUCTIONS FOR CO						_
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	YE	AR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			5 3	2	022	Т	0	(5	6	2022						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$		•	•	0.00						
B. Total Moneta	ary Contr	ibutions <i>A</i>	And Rec	eipts (Fron	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (I	From Sche	dule 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	ligations	(From S	Schedule IV	')			\$				0.00		,				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport,	candid	ate si	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	d on	paper	or by elec	tronic m	edium,	are to	the best of	my know	/ledge	and beli	ef , tru	e,
Sworn to and subs	cribed before day of	ore me this		20							Si	gnatur	e of Person	Submitt	ing Rep	ort		-
	_	Signatur	·e					- -					Printe	ed Name				-
My Commission Ex	cpires	_						_					Email					-
		МО	D	AY	YR					Ar	ea Code	1	Daytime	Telepho	one Nu	mber		╛
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,	,
Sworn to and subsc		re me this										s	ignature of	Candida	te			-
	day of —							_					Printed	Name				-
	:	Signature						-										_
My Commission Exp													Email					
	_	МО	D	AY	YR	ì.		_		Area	Code		Day	time Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
KEVIN BRANCO	From:	5/3/202	<u>2</u> To:	6/6/2022
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) 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	J Period	(4)	\$	0.00
			1	
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 Candidate			Reporting 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.

Name of Filing Com	nittee or Candidate	R	eporting F	Period			
		Fı	rom:		To	o:	
		l .		DATE			AMOUNT
Full Name of Contribut	or		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						1	
					<u> </u>		PAGE TOTAL

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	ame 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 Candid	me or Filing Committee or Candidate					riod			
				From: To:					
					D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	ip Code (Plus	s 4)					
Employer Name	•				Occupa	tion			
Employer Mailing Address/Principal	Place of Business		City		•	State		Zip Coo	le (Plus 4)
Enter Grand Total of Part C on S	chedule I, Detailed	Sumr	mary Page,	Section	on 3.			F	AGE 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 Peri	od	
KEVIN BRANCO	From:	<u>5/3/2022</u> To:	6/6/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidate	Reporting Period							
	From:			То:				
				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					orting	Period				
	From:						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	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
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	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
Lines Grand Total Of Expenditures of	ni rage 1, kepoit C	over rage, Item L	, .			\$	0.00