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	20220	C1211				port ed B		CAN	IDI	DATE	√	CO	MMITTEE		LOBE	BYIST		
Name of Filing C	committe	e, Candida	ate or L	obbyist:		KΕ\	/IN E	BRANG	0										
Street Address:																			
City:									State	:				Zip Code	e: 180	036			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		POST- 3. AMENDMENT Yes REPORT?						No)	\	
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	E-	5.	30 DA		Р	OST-	6.)	X	TERMINAT REPORT?	ΓΙΟΝ	Yes	No)	√
report type)	ANNUAL	. REPORT	7.	Year 2022					CHECK					PAPER		\checkmark	DISKE	TTE	
Name of Office S	L Sought by	, Candidat	e:						DAT	ΕO	F ELE	СТІ	ON	District Number	Office Code	Par	ty Code	Cour	
									МО		DAY	١	YEAR	131	STH	DEN	1	TCOUC	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY						11		8	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО		DAY	١	YEAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:		:	10 25	2	022	Т	0		11	2	28	2022						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$			•		0.00	1					
B. Total Moneta	ary Contr	ibutions <i>A</i>	and Rec	eipts (From	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	CTIO	N									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Car	didat	e re	port, c	and	didate sig	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by e	lecti	ronic me	ediu	m, are to t	the best of	my know	ledge	and beli	ef , tr	ue
Sworn to and subs	cribed before day of	ore me this		20									Signature	of Person	Submitti	ng Rep	ort		-
	_	Signatur	e					- -						Printe	ed Name				-
My Commission Ex	cpires							_		•				Email					_
		МО	D	AY	YR						Are	ea Co	ode	Daytime	Telepho	ne Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	as no	ot violat	ted a	any provis	ions of the	act of Ju	ne 3,1	937 (P.L	133	3,
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	te			-
								_						Printed	Name				-
	:	Signature						_											_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	ł		-			Area	Code	e	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:	10/25/202	<u>2</u> To:	11/28/2022			
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) Period	(4)	\$	0.00			
			ı				
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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee	Name of Filing Committee or Candidate					Reporting Period						
			Fro	m:		To	o :					
					DATE			AMOUNT				
Full Name of Contributor				МО	DAY	YEAR						
Mailing Address							\$	0.00				
City	State	Zip Code (Plus 4)									
								PAGE TOTAL				

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	nme 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	me of Filing Committee or Candidate				Reporting Period						
	Fror	From:				То:					
				D	ATE			AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00			
Mailing Address							7				
City	State	Zip Code (Plus	s 4)								
Employer Name				Occupa	tion						
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)			
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	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:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>				•			
Futor Curred Total of Doub	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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:	10/25/2022 To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	₹	
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 Can	Name of Filing Committee or Candidate					Reporting Period					
	From:										
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						7 \$	0.0	10			
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail			ailed Summary Page,			PAGE TOTAL					
Section 2.						\$	0.0	0			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	me of Filing Committee or Candidate			Re	porting	Period				
				Fro	From:			То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame 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)	Descrip	tion of Exp	enditure					
Enter Grand Total of Evnenditures on Page 1 Penert Cover Page Item D							PAGE TOTAL			
Lines Grand Total Of Expenditures C	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00			