### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on 2019                         | 90258       |                         |       | Repo<br>Filed |       | :          | CANDI       | DATE     |        | СОМ        | <b>ITTEE</b>       | ✓              | LOBI          | BYIST     |          |    |
|--|---------------------------------|-------------|-------------------------|-------|---------------|-------|------------|-------------|----------|--------|------------|--------------------|----------------|---------------|-----------|----------|----|
| Name of Filing C                         | Committee, Candid               | late or L   | obbyist:                | į     | BRAN          | CO,   | ΚEV        | /IN FRIE    | NDS O    | F      |            |                    |                |               |           |          |    |
| Street Address:                          |                                 |             |                         |       |               |       |            |             |          |        |            |                    |                |               |           |          |    |
| City:                                    | COOPERSBU                       | RG          |                         |       |               |       |            | State:      | PA       |        |            | Zip Cod            | <b>ie:</b> 18  | 3036          |           |          |    |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY      | 1.          | 2ND FRIDAY I<br>PRIMARY | PRE-  | 2.            |       | DA<br>RIMA |             | POST-    | 3.     |            | AMENDM<br>REPORT   |                | Yes           | No        | •        |    |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION     | 4.          | 2ND FRIDAY<br>ELECTION  | PRE   | - 5.          |       | DA<br>ECT  | Y F<br>TON  | POST-    | 6.     |            | TERMINA<br>REPORT  |                | Yes           | No        | •        |    |
| report type)                             | ANNUAL REPORT                   | 7. <b>X</b> | <b>Year</b> 2023        |       |               |       |            | IG METHO    |          |        |            | PAPER              |                | $\overline{}$ | DISKE     | TTE      |    |
| Name of Office S                         | Sought by Candida               | ite:        | •                       |       |               |       |            | DATE O      | F ELE    | CTIC   | N          | District<br>Number | Office<br>Code | Par           | ty Code   | Count    | у  |
|  |                                 |             |                         |       |               |       |            | МО          | DAY      | YI     | EAR        | , rumber           | Toolic         |               |           | couc     |    |
|  |                                 |             |                         |       |               |       |            | 11          |          | 7      | 2023       |                    | (SEE IN        | STRUCTI       | ONS FOR C | ODES)    |    |
|  | Receipts and                    | МО          | DAY YI                  | EAR   |               |       |            | МО          | DAY      | Y      | EAR        | FC                 | R OFFI         | CE USE        | ONLY      |          |    |
| Expenditures                             | s trom:                         |             | 11 28                   | 20    | )23           | то    |            | 12          | :        | 31     | 2023       |                    |                |               |           |          |    |
| A. Amount Bro                            | ught Forward Fro                | m Last R    | eport                   |       |               |       | \$         |             |          | 8,     | 544.63     |                    |                |               |           |          |    |
| B. Total Monet                           | ary Contributions               | And Rec     | eipts (From S           | che   | dule I        | )     | \$         |             |          |        | 0.00       |                    |                |               |           |          |    |
| C. Total Funds                           | Available (Sum O                | f Lines A   | and B)                  |       |               |       | \$         |             |          | 8,     | 544.63     |                    |                |               |           |          |    |
| D. Total Expend                          | ditures (From Sch               | edule II    | I)                      |       |               |       | \$         |             |          | ġ      | 959.30     |                    |                |               |           |          |    |
| E. Ending Cash                           | Balance (Subtrac                | t Line D    | From Line C)            |       |               |       | \$         |             |          | 7,5    | 85.33      |                    |                |               |           |          |    |
| F. Value Of In-                          | Kind Contribution               | s Receiv    | ed (From Sch            | edul  | e II)         |       | \$         |             |          |        | 0.00       |                    |                |               |           |          |    |
| G. Unpaid Debt                           | ts And Obligations              | (From S     | Schedule IV)            |       |               |       | \$         |             |          |        | 0.00       |                    |                | 1             |           |          |    |
|  |                                 |             | Д                       | \FF   | IDA۱          | /IT S | SE         | CTION       |          |        |            |                    |                |               |           |          |    |
| PART I - If this is                      | s a Committee rep               | ort, trea   | surer sign hei          | re. I | f this        | is a  | Can        | didate re   | eport, c | candi  | date sig   | jn here.           |                |               |           |          |    |
| I swear (or affirm) correct and comple   | ) that this report, inc<br>ete. | luding the  | e attached sched        | lules | filed o       | n pap | per o      | or by elect | ronic m  | edium  | , are to t | the best o         | f my kno       | wledge        | and belie | ef , tru | e, |
| Sworn to and subs                        | cribed before me thi<br>day of  | s           | 20                      |       |               |       |            |             |          | 5      | Signature  | of Perso           | n Submit       | ting Rep      | oort      |          | -  |
|  | Signatu                         | ire         |                         |       |               | _     |            |             |          |        |            | Prin               | ted Name       | <b>e</b>      |           |          | -  |
| My Commission Ex                         | cpires                          |             |                         |       |               |       |            |             |          |        |            | Ema                | il             |               |           |          | -  |
|  | МО                              | D           | AY                      | YR    |               |       |            |             | Are      | ea Coo | ie         | Daytim             | e Teleph       | none Nu       | mber      |          |    |
| Part II- If this is                      | a report of a can               | didate's    | authorized Co           | mm    | ittee,        | Can   | dida       | ate shall   | sign he  | ere.   |            |                    |                |               |           |          |    |
| I swear (or affirm)<br>No 320) as amende | that to the best of led.        | ny knowl    | edge and belief         | this  | politic       | al co | mmi        | ittee has n | ot viola | ted ar | y provis   | ions of th         | e act of J     | une 3,1       | 937 (P.L  | 1333     | ,  |
| Sworn to and subsc                       | ribed before me this<br>day of  |             | 20                      |       |               |       |            |             |          |        | s          | ignature (         | of Candid      | ate           |           |          | -  |
|  |                                 |             |                         |       |               | _     |            |             |          |        |            | Printe             | d Name         |               |           |          | -  |
| My Commission Exp                        | Signature                       |             |                         |       |               | _     |            |             |          |        |            | Ema                | il             |               |           |          | -  |
| ,  |                                 |             |                         |       |               | _     |            |             |          |        |            |                    |                |               |           |          |    |
|  | МО                              | D           | AY                      | YR    |               |       |            |             | Area     | Code   |            | D                  | aytime T       | elephor       | e Numb    | er       |    |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period  |              |            |
|--|-----------|-----------|--------------|------------|
| BRANCO, KEVIN FRIENDS OF   | From:     | 11/28/202 | <u>3</u> To: | 12/31/2023 |
| 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  | g 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  | g 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 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 Candidat | 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) |          |        |      |    |        |

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

PAGE TOTAL
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 or Candidate |       |                   |     | Reporting Period |      |      |            |        |  |
|---------------------------------------|-------|-------------------|-----|------------------|------|------|------------|--------|--|
|                                       |       |                   | Fro | m:               |      | To   | <b>)</b> : |        |  |
|                                       |       |                   |     |                  | DATE |      |            | AMOUNT |  |
| 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.

#### **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                       |                      |          |             |        |     |      | <b>-</b>   \$ |          | 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   |                     |               | Rep     | orting Pe | riod  |      |            |                 |
|---|---------------------|---------------|---------|-----------|-------|------|------------|-----------------|
|   |                     |               | Fror    | n:        |       | To   | <b>o</b> : |                 |
|   |                     |               |         | D         | ATE   |      |            | AMOUNT          |
| Full Name of Contributor                |                     |               |         | МО        | DAY   | YEAR | \$         | 0.00            |
| Mailing Address                         |                     |               |         |           |       |      | 1          |                 |
| City                                    | State               | Zip Code (Plu | s 4)    |           |       |      |            |                 |
| Employer Name                           |                     |               |         | Occupat   | tion  |      |            |                 |
| Employer Mailing Address/Principal Plac | e of Business       | City          |         |           | State |      | Zip C      | Code (Plus 4)   |
| Enter Grand Total of Part C on Schee    | 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:  |          |            |
|                           |                           | <b>'</b>        |             |          | ATE |      |          | AMOUNT     |
| Full Name                 |                           |                 |             | мо       | DAY | YEAR | \$       | 0.00       |
| Mailing Address           |                           |                 |             |          |     |      | 7        |            |
| City                      | State                     | Zip Code (P     | Plus 4)     |          |     |      |          |            |
| Receipt Description       | <b>'</b>                  |                 |             |          |     |      | <u> </u> |            |
|                           | - C                       |                 | <b>.</b> .: | _        |     |      |          | 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                          |            |
|--|---------------|------------------------------|------------|
| BRANCO, KEVIN FRIENDS OF   | From:         | <u>11/28/2023</u> <b>To:</b> | 12/31/2023 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER 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                                |                    | _                   |          |          |      | <b> </b> |            | 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  |                |     |                  | Re     | porting           | Period         |       |      |                 |      |
|--|----------------|-----|------------------|--------|-------------------|----------------|-------|------|-----------------|------|
|  |                |     |                  | Fro    | m:                |                | To:   |      |                 |      |
|  |                |     |                  |        |                   | 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 <sub>l</sub> | 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 |

959.30

### STATEMENT OF EXPENDITURES

| Name of Filing Committee of | or Candidate             |                   | Reporti | ng Period   |                                     |    |            |  |
|-----------------------------|--------------------------|-------------------|---------|-------------|-------------------------------------|----|------------|--|
| BRANCO, KEVIN FRIENDS       | BRANCO, KEVIN FRIENDS OF |                   |         |             | From <u>11/28/2023</u> To: <u>1</u> |    |            |  |
|                             | DATE AMOU                |                   |         |             |                                     |    |            |  |
| To Whom Paid                |                          |                   | МО      | DAY         | YEAR                                |    |            |  |
| mail chimp                  |                          |                   |         |             |                                     |    |            |  |
| Mailing Address             |                          |                   | 12      | 7           | 2023                                | \$ | 167.48     |  |
| <b>City</b> atlanta         | State                    | Zip Code (Plus 4) | Descrip | tion of Exp | enditure                            |    |            |  |
|                             | GA                       | 30308             | email s | erver yearl | y fees                              |    |            |  |
| To Whom Paid                |                          |                   | мо      | DAY         | YEAR                                |    |            |  |
| mail chimp                  |                          |                   | 1-10    | -           | LAK                                 |    |            |  |
| Mailing Address             |                          |                   | 12      | 1           | 2023                                | \$ | 791.82     |  |
| <b>City</b> atlanta         | State                    | Zip Code (Plus 4) | Descrip | tion of Exp | enditure                            |    |            |  |
|                             | GA 30308                 |                   |         |             | web hosting and yearly site fees    |    |            |  |
|                             |                          |                   |         |             |                                     |    | PAGE TOTAL |  |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.