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	90158				port ed B		CAND	CANDIDATE COMMITTEE V LOBBYIS						BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		KIN	NKEA	D, EM	ILY PEO	PLE FO	R							
Street Address:	1424 BECKH	AM ST															
City:	PITTSBURGH							State:	PA			Zip Cod	ie: 15	5212-2	317		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.								AMENDMENT Yes No			No	•			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	' PRE	≣-	5.						TERMINATION Yes REPORT?			No	`	
report type)	ANNUAL REPORT	7. X	Year 2021					ING METHOD) CHECK ONE						$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count Code	у
								МО	DAY	YE	AR		10000	DEN	1	02	
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
•	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		11 23	2	021	T	0	12	: :	31	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			11,0	035.11						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			6,4	180.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			17,5	515.11]					
D. Total Expend	ditures (From Sch	edule II	I)				\$			3,2	221.50						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	:)			\$			14,2	93.61						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le I	Ί)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV))			\$			9,8	350.00			•			
				AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere.	If th	his is	a Can	ndidate r	eport, d	candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sch	edules	s file	ed on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	е
Sworn to and subs	cribed before me thi day of	s	20							S	Signature	of Perso	n Submit	ting Rep	ort		
	Signatu	ıre					<u>-</u>					Prin	ted Name	e			-
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Are	ea Coc	ie	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized (Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of led.	my knowl	edge and belie	f this	poli	itical	commi	ittee has r	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	. 1333,	
Sworn to and subsc	ribed before me this		20								s	ignature o	of Candid	ate			-
	day of						-					Printe	d Name				-
M. C	Signature						-					Ema	il				-
My Commission Exp	oires 						_										
	МО	D	AY	YR	1		-		Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
KINKEAD, EMILY PEOPLE FOR	From:	11/23/202	2 <u>1</u> To :	12/31/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	180.00
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)			\$	800.00
TOTAL for the Reporting	Period	(2)	\$	800.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	2,000.00
All Other Contributions (Part D)			\$	3,500.00
TOTAL for the Reporting	Period	(3)	\$	5,500.00
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			\$	6,480.00

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	te	1	Reporting	Period			
		-1	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	or Candidate	Reporting Period					
KINKEAD, EMILY PEOPLE	FOR		From:	11/23/	2021 T o	o: <u>12/31/2021</u>	
		I		DATE		AMOUNT	
Full Name of Contributor			МО	DAY	YEAR		
Tara Czekaj							
Mailing Address 1432 Da	avis Avenue					\$ 100.00	
City Pittsburgh	State	Zip Code (Plus 4)	12	29	2021		
	PA	15212					
Full Name of Contributor			МО	DAY	YEAR		
Anthony Ceoffe			PIO	DAT	ILAK		
Mailing Address 237 38t	h Street					\$ 100.00	
City Pittsburgh	State	Zip Code (Plus 4)	12	29	2021		
	PA	15201					
Full Name of Contributor			МО	DAY	YEAR		
Dale Hutchison			1-10	DAI	ILAK		
Mailing Address 213 Gle	nwood Drive					\$ 100.00	
City Pittsburgh	State	Zip Code (Plus 4)	12	29	2021		
	PA	15209					
Full Name of Contributor			МО	DAY	YEAR		
Sara Segel			PIO	DAT	ILAK		
Mailing Address 1720 Be	eechwood Boulevard					\$ 250.00	
City Pittsburgh	State	Zip Code (Plus 4)	12	16	2021		
	PA	15217					
Full Name of Contributor			МО	DAY	YEAR		
Ellen Mazo			1-10	DAI	ILAK		
Mailing Address 406 Cat	oma Street					\$ 250.00	
City Pittsburgh	State	Zip Code (Plus 4)	12	7	2021		
	PA	15212					
						PAGE TOTAL	

PAGE TOTAL \$ 800.00

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 Reportin						
KINKEAD, EMILY PEOPLE FOR			From:	11/2	23/2021	То:	12/31/2021
				DA	TE		AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	
Local 32BJ PA American Dream Fund							\$ 500.00
Mailing Address 25 West 18th Street				12	21	2021	
City New York	State	Zip Code	(Plus 4)				
	NY	10011					
Full Name of Contributing Committee				мо	DAY	YEAR	
Friends of Joanna McClinton							\$ 500.00
Mailing Address PO Box 16668				12	9	2021	
City Philadelphia	State	Zip Code	(Plus 4)				
	PA	19139					
Full Name of Contributing Committee				мо	DAY	YEAR	
Represent PAC							\$ 1,000.00
Mailing Address 1735 Market Street 7	#A480			12	28	2021	·
City Philadelphia	State	Zip Code	(Plus 4)	1-		2021	
	PA	19103					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL 2,000.00

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	ming committee of Candidate					eporting Period						
KINKEAD, EMILY PEOPLE FOR				Fron	n:	11/23/2	<u>021</u> To	:	12/31/2021			
					DA	ATE		ı	AMOUNT			
Full Name of Contributor					мо	DAY	YEAR		500.00			
Nancy Bernstein					1-10	DAI	ILAK	_ \$	500.00			
Mailing Address 1425 Wightman Stre	eet				12	28	2021					
City Pittsburgh	State	Zip	Code (Plus	4)								
	PA	152	17									
Employer Name NA					Occupat	ion (Jnemple	oyed				
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	de (Plus 4)			
NA			NA			PA						
Full Name of Contributor				мо	DAY	YEAR	\$	F00.00				
Nancy Bernstein					2] *	500.00				
Mailing Address 1425 Wightman Stre	eet	eet			12	30	2021					
City Pittsburgh	State	Zip	Code (Plus	4)								
	PA	152	17									
Employer Name NA					Occupat	ion (Jnempl	oyed				
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	de (Plus 4)			
NA			NA			PA						
Full Name of Contributor												
John J Betkowski					МО	DAY	YEAR	\$	1,000.00			
Mailing Address 113 Ambleside Drive	 e				12	11	2021	7				
City Pittsburgh	State	Zip	Code (Plus	4)	12	11	2021					
	PA	152	.37									
Employer Name Retired					Occupat	ion	Retired					
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	de (Plus 4)			
NA			NA			PA						
Full Name of Contributor					мо	DAY	YEAR		500.00			
Nathaniel Yap					1-10	DAI	ILAK	_ \$	500.00			
Mailing Address 5302 Westminster P	lace				12	10	2021					
City Pittsburgh	State	Zip	Code (Plus	4)								
PA 15232												
Employer Name NA			Occupation Unemployed									
Employer Mailing Address/Principal Place of Business City			State			Zip Code (Plus 4)						
NA			NA		PA							

Full Name of Contributor				МО	DAY	YEAR	F00.00
Robert Creo				140	DAI	ILAK	\$ 500.00
Mailing Address 2645 Railroad Stre	et			12	2	2021	
City Pittsburgh	State	Zi	p Code (Plus 4)	12	_	2021	
	PA	15	5222				
Employer Name Self-Employed				Occupat	ion ,	Attorne	у
Employer Mailing Address/Principal Pl	ace of Business		City		State		Zip Code (Plus 4)
2645 Railroad Street			Pittsburgh		PA		15222
Full Name of Contributor				мо	DAY	YEAR	
Daniel McArdle Booker				140	DAI	ILAN	\$ 500.00
Mailing Address 1174 Murray Hill A	ve			12	2	2021	
City Pittsburgh	State	Zi	p Code (Plus 4)		_	2021	
	PA	15	5217				
Employer Name Bernstein-Burkley, F	.C.			Occupat	ion ,	Attorne	у
Employer Mailing Address/Principal Pl	ace of Business		City		State		Zip Code (Plus 4)
601 Grant Street, 9th Floor			Pittsburgh		PA		15219
			•				=

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 3,500.00

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								
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	'		<u> </u>			•	
				_				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	
KINKEAD, EMILY PEOPLE FOR	From:	<u>11/23/2021</u> To:	<u>12/31/2021</u>
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		_				 		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			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		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 Zij	p Code(Plus 4)	Descr	iptio	n of Contribution	on
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.					-					0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
KINKEAD, EMILY PEOPLE FOR	From	11/23/2021	То:	<u>12/31/2021</u>

				DATE	AMOUNT					
To Whom Paid			мо	DAY	YEAR					
Progressive Change Campaign Co	mmittee									
Mailing Address 1629 K Street	#300, N.W.		12	1	2021	\$	250.00			
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	DC	20006	Campaign Tool							
To Whom Paid			мо	DAY	YEAR					
Progressive Change Campaign Co	mmittee		1-10		ILAK					
Mailing Address 1629 K Street #300, N.W.			12	6	2021	\$	25.00			
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
DC 20006				Campaign Tool						
To Whom Paid			мо	DAY	YEAR					
Google Inc			MO	DAI	ILAK					
Mailing Address 1600 Ampithe	atre Parkway		12	2	2021	\$	64.20			
City Mountain View State Zip Code (Plus 4) CA 94043			Description of Expenditure							
			Email/Cloud Storage							
To Whom Paid				DAY	VEAD					
Google Inc			МО	DAY	YEAR					
Mailing Address 1600 Ampithe	atre Parkway		12	2	2021	\$	13.31			
City Mountain View State Zip Code (Plus 4)			Description of Expenditure							
	CA	94043	Additional Email/Cloud Storage							
To Whom Paid			мо	DAY	YEAR					
ActBlue			MO	DAI	ILAK					
Mailing Address 366 Summer	Street		12	3	2021	\$	9.60			
City Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>				
	MA	02144	Processing Fee							
To Whom Paid			MC	DAY	VEAD					
ActBlue			МО	DAY	YEAR					
Mailing Address 366 Summer Street			12	31	2021	\$	22.83			
City Somerville State Zip Code (Description of Expenditure							
	02144	Processing Fees (Misc)								
MA 02144				- \						

To Whom Paid			МО	DAY	YEAR					
Citizens Bank			МО	DAI	ILAK					
Mailing Address 4570 Fifth Avenue			12	7	2021	\$	54.50			
City Pittsburgh	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	15213	Checks							
To Whom Paid			мо	DAY	YEAR					
Emerge Pennsylvania			MO	DAT	TEAR					
Mailing Address PO Box 60078			12	8	2021	\$	250.00			
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
PA 19102				Fundraiser						
To Whom Paid			мо	DAY	YEAR					
MailChimp Mailing Address 675 Ponce de Leon Avenue NE Suite 5000			12	13	2021	 \$	32.06			
City Atlanta State Zip Code (Plus 4)			Description of Expenditure							
	GA	30308	Donor C	Contact						
To Whom Paid MFStrategies, LLC			мо	DAY	YEAR					
Mailing Address PO Box 439			12	13	2021	\$	1,500.00			
City Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure							
	PA 17108				Consulting Fee					
To Whom Paid HDCC			мо	DAY	YEAR					
Mailing Address PO Box 555			12	13	2021	\$	1,000.00			
Cia. II II	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	I				
City Harrisburg			Fundraiser							
City Harrisburg	PA	17108	Fundrai	ser						
Enter Grand Total of Expen		<u>'</u>		ser			PAGE TOTAL			

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period							
KINKEAD, EMILY PEOPLE FOR			From:	<u>11</u>	./23/2021	То:		12/31/2021		
					DATE			Outstanding Balance of Debt		
Name of Creditor Emily Kinkead				мо	DAY	YEAR				
Mailing Address 1424 Beckham St				12	31	2019	•	9,100.00		
City Pittsburgh State Zip Code (Plus 4)				Description of Debt						
	PA 15212				Candidate Campaign Contribution					
Name of Creditor Emily Kinkead				МО	DAY	YEAR				
Mailing Address 1424 Beckham St			3	5	202	1 4	750.00			
City Pittsburgh	State	Zip Code (P	lus 4)	Description of Debt						
	PA	15212		Consulting Fee						
								PAGE TOTAL		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$	9,850.00			