### **Campaign Finance Report**

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

						1					-			_				_
Filer Identificati Number :	on	20220	C0291				ported E		CAND	IDATE	<b>✓</b>	CO	MMITTEE		LOBI	BYIST		
Name of Filing C	Committe	e, Candida	ate or Lo	obbyist:		EM:	ILY k	KINKE	AD									
Street Address:																		
City:									State:				Zip Code	e: 15	212			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2. <b>X</b>	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	≣-	5.	30 DA		POST- 6. TERMINATION Yes REPORT?					No	•	<b>/</b>	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2022					IG METH CHECK C						DISKE	TTE		
Name of Office S	L Sought by	· Candidat	:e:						DATE (	OF ELE	CTIC	DN N	District Number	Office Code	Par	ty Code	Coun	
									мо	DAY	Y	EAR	20	STH	DEN	1	Couc	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11	L	8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	,
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО	DAY	Y	EAR	FOF	ROFFIC	E USE	ONLY		
Expenditures	from:			3 29	2	022	Т	0	ī	5	2	2022						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$				0.00						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dul	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (	C)			\$		(	10,2	70.00)						
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	<b>'</b> )			\$		(	(10,2	70.00)		,				
					AFF	ΊD	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport,	candi	idate 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	ediun	ı, are to t	the best of	my know	/ledge	and beli	ef , tri	ıe'
Sworn to and subs	cribed bef	ore me this		20							:	Signature	e of Person	Submitt	ing Rep	ort		-
	_	Signatur	·e					- -					Printe	ed Name				-
My Commission Ex	cpires							_					Email					_
		МО	D	AY	YR					Ar	ea Co	de	Daytime	Teleph	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 a	ny provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		re me this										s	ignature of	Candida	te			-
	day of —							_					Printed	Name				-
	;	Signature						-										_
My Commission Exp	ires												Email					
	_	МО	D	AY	YR	1		-		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		
EMILY KINKEAD	From:	3/29/202	<u>2</u> To:	5/2/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	ı			
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	) 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
			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 Candidat	Name of Filing Committee or Candidate				Reporting Period				
		F	rom:		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 Comn	nittee or Candidate		Repo	rting P	eriod			
			From	) <b>:</b>		Te	o:	
		•			DATE			AMOUNT
Full Name of Contribut	or			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
								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	nme of Filing Committee or Candidate					Reporting Period					
			From:			То:					
				DA	TE		А	MOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00		
Mailing Address							7		0.00		
City	State	Zip Cod	e (Plus 4)								
							-	PAGE TO	TAL		
Enter Grand Total of Part C on Scheo	lule 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.)

ame of Filing Committee or Candidate					riod			
			Fron	n:		T	0:	
				D	ATE			AMOUNT
				мо	DAY	YEAR	\$	0.00
State	Zi	p Code (Plus	s 4)					
				Occupa	tion			
ce of Business		City			State		Zip	Code (Plus 4)
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4)  ce of Business City	From:  MO  State Zip Code (Plus 4)  Occupa	From:  DATE  MO DAY  State Zip Code (Plus 4)  Occupation  ce of Business City State	State Zip Code (Plus 4)  State Zip Code (Plus 4)  Occupation ce of Business City State  cdule I, Detailed Summary Page, Section 3.	From: To:  DATE  MO DAY YEAR  State Zip Code (Plus 4)  Occupation  ce of Business City State Zip

## 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 Perio	d	
EMILY KINKEAD	From:	3/29/2022 <b>To</b> :	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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	lame of Filing Committee or Candidate Ro							
	From:			To:				
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$	0.0	10
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		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	Name of Filing Committee or Candidate					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

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	me of Filing Committee or Candidate					Reporting Period					
							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 Crand Total of Evnanditures	on Dogg 1 Donowh (	Cover Dage Item F					PAGE TOTAL				
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	<b>,</b> .			\$	0.00				