Campaign Finance Report

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

Filer Identification	on	2022C	20291				eport led B		CANI	ANDIDATE COMMITTEE LOBBYIST						BYIST			
Name of Filing Committee, Candidate or Lobbyist: EMILY KINKEAD																			
Street Address:																			
City:									State:					Zip Code	15	212			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		P	POST- 3.			AMENDME REPORT?	NT	Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	Y PRE	≣-	5.	30 DA ELECT		Р	POST- 6. X			TERMINATION REPORT?		Yes	No		\checkmark
report type)	ANNUAL REP	PORT	7.	Year 2022					IG MET					PAPER		\checkmark	DISKE	TTE	
Name of Office S	ought by Car	ndidat	e:						DATE	01	F ELEC	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YE	AR	20	STH	DEN	1		\neg
REPRESENTATIVE IN THE GENERAL ASSEMBLY								1	۱1		8	2022		(SEE INS	TRUCTIO	ONS FOR (CODES	,—	
Summary of I		nd	МО	DAY	YEAR	Ł			МО		DAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	from: 		1	10 25	2	022	<u>2</u> T	0		11	2	28	2022						
A. Amount Bro	ught Forward	l From	Last R	eport				\$					0.00						ļ
B. Total Moneta	ary Contribut	ions A	nd Rec	eipts (From	Sche	dule	e I)	\$					0.00						ļ
C. Total Funds	Available (Su	ım Of I	Lines A	and B)				\$					0.00]					
D. Total Expend	ditures (From	1 Sche	dule II	(1)				\$					0.00						ļ
E. Ending Cash	Balance (Sul	btract	Line D	From Line (2)			\$			(1	10,27	0.00)]					J
F. Value Of In-l	Kind Contribu	utions	Receive	ed (From Sc	chedu	le I	Ξ)	\$					0.00						
G. Unpaid Debt	s And Obliga	tions (From S	chedule IV)			\$			(:	10,27	(0.00						
					AFF	ΊD	AVI	T SE	CTIOI	V									
PART I - If this is	s a Committee	e repo	rt, trea	surer sign h	nere.	If th	his is	a Can	ididate	re	port, c	andid	late sig	gn here.					
I swear (or affirm) correct and comple		rt, inclu	ding the	: attached sch	1edules	s file	ed on	paper o	or by ele	ectr	onic me	edium,	are to	the best of I	my know	rledge	and beli	ef , tri	ıe'
Sworn to and subs	cribed before m	ne this		20						•		Si	ignature	e of Person	Submitti	ng Rep	ort		-
		ignature				_		<u>-</u>		-				Printe	d Name				-1
My Commission Ex		gnatur								-				Email					-
	мо		DA	AY	YR					•	Are	ea Cod	e	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	a candi	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	II s	sign he	ere.							
I swear (or affirm) No 320) as amende		st of my	y knowle	edge and belie	ef this	poli	itical	commi	ittee has	s no	ot violat	ted any	y provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333	3,
Sworn to and subsc		e this											s	ignature of	Candida	te			-
	day of			_ 20				_						Printed	Name				-
	Signa	ature			—			-						Finitea	Name				
My Commission Exp	_													Email					_ [
	M	10	D/	AY	YR	ı.		-			Area (Code		Day	time Te	lephon	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
EMILY KINKEAD	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
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	e	R	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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee	or Candidate		Rep	oorting P	eriod			
			Fro	m:		To):	
					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.

PAGE TOTAL
0.00

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	me 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			Reporting Period					
Fr						о:		
				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	Name of Filing Committee or Candidate			ting Peri	od			
			From:			To:		
				[DATE		ı	AMOUNT
Full Name				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description		I		1	1	1	1	
				_		ſ	P	PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	i Summary Page,	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	
EMILY KINKEAD	From:	<u>10/25/2022</u> To:	11/28/2022
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 Candida	Reporting Period						
	From:			То:			
		-		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	•	•	•		•	
					Г		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta Section 2.			led Sun	nmary Pa	ige,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				porting	Period				
					From:			То:		
						DATE			AMOUN	т
Full Name of Contributor						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
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det 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 Bogo 1 Bonort C	'over Page Item I	`				PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<i>.</i>			\$	0.00		