Campaign Finance Report

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

							-	CAND	DATE					DVICT	
Filer Identificat Number :	ion	20190	158			Repor Filed		CANDI	DATE	СОМ	MITTEE	✓	LOBI	BYIST	
Name of Filing	Committee, Ca	ndidat	te or Lo	bbyist:		KINKE	AD, E	MILY PEO	PLE FOF	R					
Street Address:															
City:	PITTSBU	RGH						State:	PA		Zip Code: 15212-2317				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1		2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM	DAY I 1ARY	POST-	- 3. AMENDMENT REPORT?			Yes	No	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION		ł.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 D ELEC	DAY I CTION	POST-	- 6. TERMINATION REPORT?			Yes	No	· 🗸
report type)	ANNUAL REP	ORT 7	7. X	Year 2022				ING METH			PAPER		\checkmark	DISKI	ETTE
Name of Office	⊥ Sought by Can	didate	•					DATE O	F ELEC	TION	District Number		Par	ty Code	County
DEDDECENITAT								мо	DAY	YEAR	20	STH	DEN	1	02
REPRESENTAT	IVE IN THE G	ENERA	L ASSE	EMBLI				11		8 2022		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		d	мо	DAY	YEAF	2		мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY	
Expenditure	s from:		1	1 29	2	022 1	Ο	12	3	1 2022					
A. Amount Bro	ought Forward	From	Last Re	eport			4			5,948.57					
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule I)					dule I)	9	\$	311.50						
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B)						9	\$		6,260.07					
D. Total Expenditures (From Schedule III)					9	\$		4,157.21							
E. Ending Cash	E. Ending Cash Balance (Subtract Line D From Line C)							\$		2,102.86	4				
F. Value Of In-	-Kind Contribu	tions I	Receive	d (From S	chedu	le II)		\$		0.00	4				
G. Unpaid Deb	ts And Obligat	ions (From S	chedule IV	')		9	\$		10,271.50		·			
					AFF	IDAVI	IT SI	ECTION							
PART I - If this i															
I swear (or affirm correct and comp		t, includ	ding the	attached sc	hedule	s filed on	pape	r or by elect	ronic me	dium, are to	the best o	of my knov	vledge	and bel	ief , true
Sworn to and sub	scribed before m day of	e this		20						Signatur	e of Perso	on Submitt	ing Rep	oort	
		gnature		·			_				Prir	nted Name			
My Commission E		,						Email							
MO DAY YR					_		Area	a Code	Daytin	ne Teleph	one Nu	mber			
Part II- If this is	a report of a	candio	date's a	authorized	Comr	nittee, G	Candi	date shall	sign he	re.					
I swear (or affirm No 320) as amend		st of my	knowle	dge and beli	ef this	political	comr	nittee has n	ot violate	ed any provis	sions of th	ie act of Ju	ine 3,1	937 (P.	L. 1333,
Sworn to and subs	cribed before me day of	this		20						5	Signature	of Candida	ite		
				20							Print	ed Name			
	Signature						_		Email						
My Commission Ex	pires						_								
	мо	D	DA	Y	YR	1	_		Area C	ode	D	aytime Te	elephor	e Numl	ber

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** KINKEAD, EMILY PEOPLE FOR From: <u>11/29/2022</u> **To:** 12/31/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 30.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 0.00 281.50 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 281.50 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 311.50 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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		Reporting Period					
				From: To:				
		·			DATE			AMOUNT
Full Name of Contributing Committee	м	10	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.							\$	0.00

Use this Part to it	emize all othei 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s wi ortin	ith an Ig per	aggreg iod.			rom
Name of Filing Committee or Candidate Reporting Period								
From				From: To:				
					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.						\$	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		Reporting Period						
				То:				
				DA	TE		A	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						PAGE TOTAL		
Enter Grand Total of Part C on Sched	nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section						\$	0.00

PART D 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	ame of Filing Committee or Candidate Re				Reporting Period					
KINKEAD, EMILY PEOPLE FOR	KINKEAD, EMILY PEOPLE FOR From			om: <u>11/29/2022</u>			To: <u>12/31/2022</u>			
				DA	TE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	281.50		
Emily Kinkead								201100		
Mailing Address			12	27	2022	_				
City Pittsburgh	State	Zip Code (Plus	; 4)	12	27	2022	<u>^</u>			
	PA	15212								
Employer Name PA House of Represen	tatives			Occupat	ion	Repres	entativ	e		
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Co	ode (Plus 4)		
Harrisburg					PA		17120			
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.				on 3.				PAGE TOTAL		
							\$	281.50		

PART E **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	1		Reporting Period						
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description									
		_	.					PAGE TOT	AL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumr	nary 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 Perio	d							
KINKEAD, EMILY PEOPLE FOR	From:	<u>11/29/2022</u> то:	<u>12/31/2022</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	riod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)								
TOTAL for the Reporting Pe	riod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	ame 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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,		PAGE TOTA	L	
						\$		0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Rep	Reporting Period				
			Fro	From:				
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor		•		•				
Employer Mailing Address/Principal Plac	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	l Contributions D	etaile	d			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name	ne of Filing Committee or Candidate			Reporti	ng Period				
KINK	EAD, EMILY PEOPLE FOR			From	<u>11/2</u>	9/2022	То:	<u>12/31/2022</u>	
					DATE			AMOUNT	
To W	nom Paid			мо	DAY	YEAR			
Allian	z Global Assistance								
Mailin	g Address			11	29	2022	\$	9.48	
City	Oakbrook Terrace	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		IL	60181	Travel I	nsurance				
To Wł Amtra	nom Paid ak			мо	DAY	YEAR			
Mailin	g Address			11	29	2022	\$	223.00	
City	Washington	State	Zip Code (Plus 4)	Descrip	L tion of Exp	enditure			
		DC	20001	Travel t	Travel to Event				
	To Whom Paid Google Inc				DAY	YEAR			
Mailin	Mailing Address			12	1	2022	\$	64.20	
City Mountain View State Zip Code (Plus 4)			Descrip	l tion of Exp	l enditure				
		СА	94043	Email/C	loud Stora	ge			
To W	nom Paid			мо	DAY	YEAR			
Googl	e Inc								
Mailin	g Address			12	1	2022	\$	13.25	
City	Mountain View	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
		СА	94043	Additior	nal Email/C	Cloud Sto	rage		
	nom Paid			мо	DAY	YEAR			
Airbn								1 210 01	
Mailin	g Address			12	2	2022	\$	1,210.81	
CitySan FranciscoStateZip Code (Plus 4)			Descrip	tion of Exp	enditure				
	CA 94103			Event L	odging				
	nom Paid			мо	DAY	YEAR			
	essive Change Campaign Commit	ee					•		
Mailin	g Address		1	12	5	2022	\$	25.00	
City	Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		DC	20006	Campaign Tool					

					1	1		FAGE 12	
	om Paid			мо	DAY	YEAR			
Erikso	n Communication Group, I	Inc							
Mailing) Address			12	5	2022	\$	750.00	
City	Brunswick	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
		ME	04011	Consult	ing Fee				
To Wh	om Paid			мо	DAY	YEAR			
ActBlu	e			140					
Mailing	g Address			12	5	2022	\$	9.39	
City	Somerville	State	Zip Code (Plus 4)	Description of Expenditure					
		MA	02144	Process	ing Fee				
To Wh	om Paid			мо	DAY	YEAR			
ActBlu	e			140	2711				
Mailing	g Address			12	9	2022	\$	7.45	
City	Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		MA	02144	Process	ing Fee				
To Wh	om Paid			мо	DAY	YEAR			
MailCh	imp								
Mailing	g Address			12	13	2022	\$	63.13	
City	Atlanta	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		GA	30308	Donor Contact					
To Wh	om Paid			мо	DAY	YEAR			
MFStra	ategies, LLC			MO		TEAR			
Mailing	g Address			12	19	2022	\$	1,500.00	
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1		
		PA	17108	Consult	ing Fee				
To Wh	om Paid			MO	DAY	YEAR			
Minute	man Press Southside			мо	DAT	TEAR			
Mailing	J Address			12	29	2022	\$	281.50	
City	Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1		
		PA	15212	Holiday	Cards				
		·						PAGE TOTAL	
Enter	Grand Total of Expendi	tures on Page 1, Re	port Cover Page, Item D).			\$	4,157.21	
							Ľ	T/15/.21	

SCHEDULE IV 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			Reporti	ng Period				
KINKEAD, EMILY PEOPLE FOR			From:	<u>11</u>	/29/2022	То:		<u>12/31/2022</u>
					DATE			outstanding alance of Debt
Name of Creditor				мо	DAY	YEAR		
Emily Kinkead								
Mailing Address				12	31	201	9 \$	9,100.00
City Pittsburgh	State	Zip Code (P	lus 4)	Descrip	tion of Del	ot		
	РА	15212		Candidate Campaign Contribution				
Name of Creditor					DAY	VEAD		
Emily Kinkead				мо	DAY	YEAR		
Mailing Address				3	5	202	1 \$	750.00
CityPittsburghStateZip Code (Plus 4)			Descrip	tion of Del	ot			
PA 15212				Consult	ing Fee			
Name of Creditor				мо	DAY	YEAR		
Emily Kinkead				no	2711			
Mailing Address				1	18	202	2 \$	140.00
City Pittsburgh	State	Zip Code (P	lus 4)	Descrip	tion of Del	ot		
	PA	15212		Advance	e event co	sts		
Name of Creditor					DAY	YEAR		
Emily Kinkead				мо		TEAR		
Mailing Address				12	29	202	2 \$	281.50
City Pittsburgh	State	Zip Code (P	lus 4)	Descrip	tion of Del	ot		
	РА	15212		Holiday	Cards			
								PAGE TOTAL