# **Campaign Finance Report**

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

Filer Identificat	ion 2022	C0291			Repo Filed		CAND	IDATE	✓	CO	OMMITTE	E	LOB	BYIST		
Name of Filing (	Committee, Candida	ate or L	obbyist:		EMILY	KINKE	AD								•	
Street Address:																
City:							State:	te: Zip Code: 15212								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D/ PRIM		POST-	3.		AMENDMENT REPORT?		Yes	No	<ul> <li>✓</li> </ul>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5.	30 DA ELEC		POST-	POST- 6.			TERMINATION REPORT?		Nc	$\mathbf{>}$	
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2022				FILING METHOD ( ) CHECK ONE						$\checkmark$			
Name of Office S	Sought by Candidat	te:	-		-		DATE (				District Number	Office Code	Par	ty Code	County Code	
REPRESENTAT	IVE IN THE GENER	AL ASS	EMBLY				мо	DAY	YE	AR	20	STH	DEN	1		
_	-						11	1	8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FO	R OFFIC	e use	ONLY		
Expenditures	s from:		11 29	2	022	ГО	12	2	31	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport			\$			(10,27	70.00)						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5			0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	;			0.00						
D. Total Expen	ditures (From Sche	edule II	I)			\$	5		2	81.50						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$	;		(28	1.50)						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$	;			0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		\$	;	(	10,55	51.50)		'				
				AFF	IDAV	IT SE	CTION									
	s a Committee repo															
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	e attached sc	hedule	s filed or	n paper	or by elec	tronic m	edium,	are to	the best of	my know	ledge	and beli	ef , true	
Sworn to and subs	scribed before me this day of	;	20						S	ignatur	e of Persor	Submitt	ing Rep	oort		
	Signatu	re				_					Print	ed Name				
My Commission E	xpires					_					Emai	I				
	мо	D	AY	YR				Ar	ea Cod	e	Daytime	e Telepho	one Nu	mber		
Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.																
Sworn to and subscribed before me this Signature of Candidate																
	day of 										Printe	d Name				
	Signature					_										
My Commission Exp	pires							Email								
	мо	D	AY	YR	ł	_		Area	Code		Da	ytime Te	lephor	e Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** EMILY KINKEAD From: <u>11/29/2022</u> **To:** 12/31/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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 Candidate				Reporting Period						
				From: To:			1			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				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 B 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										
			From: To			<b>):</b>				
					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	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							- \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	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				Reporting Period						
			Froi	n:		Т	):			
				D	IOUNT					
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	<b>AGE TOTAL</b> 0.00		

## 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			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 TOTAL			PAGE TOTAL		
Enter Grand Total of Part E on Schedule I, Detailed 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 Perio	d									
EMILY KINKEAD	From:	<u>11/29/2022</u> то:	<u>12/31/2022</u>								
L. 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 PART	ſF)										
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			Reporting Period					
			From:			То:		
				DATE		A	MOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>1</b> \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						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				Reporting Period						
				From:							
					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$ 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor		•		Occupa	ation						
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution					
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						<b>PAGE TOTAL</b> 0.00					

# SCHEDULE III STATEMENT OF EXPENDITURES

Name	Name of Filing Committee or Candidate				Reporting Period						
EMILY KINKEAD				From	<u>11/2</u>	<u>9/2022</u>	То:	<u>12/31/2022</u>			
					DATE	AMOUNT					
To Whom Paid				мо	DAY	YEAR					
PEOPI	LE FOR EMILY KINKEAD										
Mailin	g Address			12	27	2022	\$	281.50			
City	PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•				
		PA	15212	CAMPA	IGN MAILE						
Enter	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.										