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 2	20190	158				Repo Filed			CA	NDII	DATE		СОМ	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Car	ndida	te or Lo	obbyis	st:	k	KINKI	EAD	D, EM	IILY F	EOP	LE FO	R							
Street Address:	Street Address:																			
City:	PITTSBUR	RGH								State	e:	PA			Zip Cod	le: 15	212-2	317		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	=	1.		D FRIDAY PRE- IMARY				30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	١	lo	√
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND F	FRIDAY FION	PRE-	PRE- 5. 30 DAY ELECTIO				Р	OST-	6.		TERMINA REPORT?		Yes	١	lo	/
report type)	ANNUAL REPO	ORT	7. X	Year	2023		FILING METHOD () CHECK ONE					PAPER		\checkmark	DISK	ETTE				
Name of Office S	ought by Can	didate	e:							DAT	ΈO	F ELE	CTIC	ON	District Number	Office Code	Par	ty Cod	e Cou	
										МО		DAY	Y	EAR		•	DEN	1	02	
											11		7	2023		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of		d	МО	DA	Y	YEAR				МО		DAY	Υ	EAR	FO	R OFFIC	E USE	ONLY	7	
Expenditures	Trom:		1	11	28	20	23	T)		12		31	2023						
A. Amount Bro	ught Forward	From	Last R	eport					\$				14,	348.35						
B. Total Monetary Contributions And Receipts (From Schedule I)								3,	928.00											
C. Total Funds Available (Sum Of Lines A and B)					\$				18,	276.35										
D. Total Expenditures (From Schedule III)					\$					278.75										
E. Ending Cash Balance (Subtract Line D From Line C)					\$				17,9	997.60										
F. Value Of In-	Kind Contribut	tions	Receive	ed (Fr	om Sc	hedul	e II)		\$					300.00						
G. Unpaid Debt	s And Obligati	ions (From S	chedu	ıle IV))			\$				10,	271.50						
						AFFI	[DA\	/IT	SE	CTIO	NC									
PART I - If this is		=	-		_									_						
I swear (or affirm) correct and complete		t, inclu	ding the	attach	ned sch	edules	filed (on p	aper	or by e	electr	onic m	ediun	n, are to t	he best o	f my knov	rledge	and be	lief , tr	ue
Sworn to and subs	cribed before me day of	e this		20							•		:	Signature	of Perso	1 Submitt	ing Rep	ort		
	Sig	ınature	e						•						Prin	ted Name				_
My Commission Ex	rpires										-				Emai	il				
	МО		D/	AY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's	autho	rized (Comm	ittee,	, Ca	ndid	ate sl	nalls	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	/ knowle	edge an	nd belie	f this p	politic	alo	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed before me day of	this		20										s	ignature o	of Candida	te			- J
	— ——														Printe	d Name				-
	Signat	ture																		_
My Commission Exp	ires														Emai	il				
	мо)	DA	AY		YR						Area	Code		Da	ytime Te	lephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
KINKEAD, EMILY PEOPLE FOR	From:	11/28/202	<u>3</u> To:	12/31/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	\$	128.00		
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)		\$	850.00	
All Other Contributions (Part B)	\$	450.00		
TOTAL for the Reporting	\$	1,300.00		
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)			\$	500.00
TOTAL for the Reporting) Period	(3)	\$	2,500.00
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			\$	3,928.00

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 Candidate			Re	Reporting Period						
KINKEAD, EMILY PEOPLE FOR			Fr	From: <u>11/28/2023</u> To:					12/31/2023	
					DATE				AMOUNT	
Full Name of Contributing Committee				мо	DAY		YEAR			
HUMANE PA									100.00	
Mailing Address	State	Zip Code (Plus	4)	12		4	2023	\$	100.00	
City YORK	PA	17406-7537	4)							
	PA	17406-7537								
Full Name of Contributing Committee										
1776 PAC (UFCW)				МО	DAY		YEAR			
Mailing Address				12		4	2023	\$	250.00	
City PLYMOUTH MEETING	State	Zip Code (Plus	4)	12		1	2023			
	PA	19462-0000								
Full Name of Contributing Committee				мо	DAY		YEAR			
VERSANT PAC										
Mailing Address	<u> </u>			12		4	2023	\$	250.00	
City HARRISBURG	State	Zip Code (Plus	4)							
	PA	17101-0000								
Full Name of Contributing Committee				мо	DAY		YEAR			
NFG PAPAC National Fuel Gas									250.00	
Mailing Address	l a	l=-	4)	12		4	2023	\$	250.00	
City Erie	State	Zip Code (Plus	4)							
	PA	16512								

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ 850.00

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				eporting Period					
KINKEAD, EMILY PEOPLE FOR	KINKEAD, EMILY PEOPLE FOR Fro			m:	11/28/	12/31/2023			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Martin L Schmotzer						1 = 1 11			
Mailing Address							\$ 250.00		
City Pittsburgh	State	Zip Code (Plus 4)	12	4	2023			
	PA	19236							
Full Name of Contributor				МО	DAY	YEAR			
Benjamin H Woods				1-10	DAI	ILAK			
Mailing Address							\$ 100.00		
City Pittsburgh	State	Zip Code (Plus 4)	12	4	2023			
	PA	15220							
Full Name of Contributor				МО	DAY	YEAR			
Nicholas A Bonesso				1-10	DAI	ILAK			
Mailing Address							\$ 100.00		
City Pittsburgh	State	Zip Code (Plus 4)	12	4	2023			
	PA	15244							

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 450.00

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 of	ame of Filing Committee or Candidate Report			ng Period				
KINKEAD, EMILY PEOPLE F	FOR	From	: <u>11/</u>	11/28/2023		12/31/	<u>′2023</u>	
			D/	ATE		AMOU	INT	
Full Name of Contributing (Committee		мо	DAY	YEAR			
AFSCME COUNCIL 13 POL	& LEG ACCT			27		\$	500.00	
Mailing Address	12	4	2023					
City HARRISBURG	State	Zip Code (Plus			2023			
	PA	17111-1507						
Full Name of Contributing (Committee		мо	DAY	YEAR			
B&B PAC			1-10	DAI	ILAK	_ \$	500.00	
Mailing Address			12	4	2023]		
City Duncannon	State	Zip Code (Plus		~	2023			
	PA	17020						
Full Name of Contributing (Committee		мо	DAY	YEAR			
Represent PAC			140		ILAK	\$	1,000.00	
Mailing Address				26	2023]	2,000.00	
City Philadelphia	State	Zip Code (Plus	12 4)	20	2023			
	PA	19103						
	•	-			Γ			

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			Reporting Period						
KINKEAD, EMILY PEOPLE FOR			Fron	n:	11/28/2023 To		<u>12/31/2023</u>		
				D/	ATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	500.00	
Adam Quatrini] *	300.00	
Mailing Address				12	15	2023			
City Pittsburgh	State	Zip Code (Plus	4)	12	13	2023			
	PA	15232							
Employer Name Quatrini Law Group				Occupation Attorney					
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Cod	le (Plus 4)	
		Greensbur	·g		PA		15601		
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL		

PAGE TOTAL								
\$	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							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				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	riod						
KINKEAD, EMILY PEOPLE FOR	From:	<u>11/28/2023</u> To:	12/31/2023					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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)	\$	300.00					
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,		\$	300.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting Period					
F			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:	•		•	•	•				
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL		
Section 2.						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period						
KINKEAD, EMILY PEOPLE FOR	From:	<u>11/28/2023</u> To:	12/31/2023				

						DATE		AMOUNT		
Full Name of Contributor					мо	DAY	YEAR			
Jamie Younger								200.00		
Mailing Address					12	1	2023	\$ 300.00		
City Pittsburgh	State	Zi	ip Code(Plus 4)							
	PA	15	5212							
Employer of Contributor Young B	•	Occupa	tion Bu	Business Entrepreneur						
Employer Mailing Address/Principal Place of Business City					Zip	Code(Plus 4)	Descri	iption of Contribution		
	Pittsb	burgh	PA	15212		Event Space				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed								PAGE TOTAL		
Summary Page, Section 3.							300.00			

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
KINKEAD, EMILY PEOPLE FOR	From	11/28/2023	То:	12/31/2023			

					DATE			AMOUNT				
To Wh	om Paid			МО	DAY	YEAR						
Googl	e Inc											
Mailing Address					4	2023	\$	64.20				
City Mountain View State Zip Code (Plus 4)				Descript	tion of Exp	enditure						
CA 94043					Email/Cloud Storage							
To Whom Paid					DAY	YEAR						
Google Inc												
Mailing Address					4	2023	\$	12.70				
City Mountain View State Zip Code (Plus 4)				Description of Expenditure								
		CA	94043	Additional Email/Cloud Storage								
To Whom Paid Progressive Change Campaign Committee					DAY	YEAR						
		Committee		12	5	2023	 \$	25.00				
Mailing Address												
City Washington State Zip Code (Plus 4)					Description of Expenditure							
DC 20006					Campaign Tool							
	om Paid			мо	DAY	YEAR						
Campaign Deputy							_	150.00				
Mailin	g Address			12	11	2023	\$	150.00				
City	Louisville	State	Zip Code (Plus 4)	Description of Expenditure								
		KY	40202	Donor C	Contact							
To Wh	om Paid			МО	DAY	YEAR						
ActBlu	le											
Mailin	g Address			12	11	2023	\$	2.21				
City	Somerville	merville State Zip Code (Plus 4)			Description of Expenditure							
		MA	02144	Processing Fee								
To Wh	om Paid			МО	DAY	YEAR						
ActBlue				113								
Mailing Address				12	31	2023	\$	24.64				
City	City Somerville State Zip Code (Plus 4)				tion of Exp	•						
		МА	02144	Processing Fees (Misc)								
								PAGE TOTAL				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	278.75						

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				ng Period						
KINKEAD, EMILY PEOPLE FOR			From:	<u>11</u>	<u>11/28/2023</u> To: <u>12/31/2</u>				2/31/2023	
					DATE				standing ance of Debt	
Name of Creditor				мо	DAY	YEAR				
Emily Kinkead										
Mailing Address					31	201	9	\$	9,100.00	
City Pittsburgh State Zip Code (Plus 4)			Description of Debt							
	PA	15212		Candidate Campaign Contribution						
Name of Creditor				МО	DAY	YEAR				
Emily Kinkead				МО	DAT	TEAR				
Mailing Address				3	5	202	1	\$	750.00	
City Pittsburgh	City Pittsburgh State Zip Code (Plus 4)				Description of Debt					
PA 15212				Consulting Fee						
Name of Creditor					DAY	YEAR				
Emily Kinkead					DAT	TEAR				
Mailing Address				1	18	202	2	\$	140.00	
City Pittsburgh	State	Zip Code (P	lus 4)	Description of Debt						
	PA	15212		Advance event costs						
Name of Creditor					DAY	VEAD				
Emily Kinkead					DAY	YEAR				
Mailing Address					29	202	2	\$	281.50	
ty Pittsburgh State Zip Code (Plus 4)			Description of Debt							
PA 15212				Holiday Cards						
				PAGE TO				PAGE TOTAL		
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	ort Cover Pa	ge, Item	ı G.			4	\$	10,271.50	