

Campaign Finance Report

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

Filer Identification Number :		20190158		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: KINKEAD, EMILY PEOPLE FOR												
Street Address:												
City: PITTSBURGH						State: PA			Zip Code: 15212-2317			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2024	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	20	STH	DEM	02
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	22	2024		11	25	2024				
A. Amount Brought Forward From Last Report						\$ 37,768.19						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,320.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 39,088.19						
D. Total Expenditures (From Schedule III)						\$ 24,200.20						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 14,887.99						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 9,271.50						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
KINKEAD, EMILY PEOPLE FOR	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 220.00

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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,320.00
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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 KINKEAD, EMILY PEOPLE FOR	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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DATE	AMOUNT
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Full Name of Contributor Elizabeth Fishback			MO	DAY	YEAR	\$ 50.00
Mailing Address			10	24	2024	
City Pittsburgh	State PA	Zip Code (Plus 4) 15224				

Full Name of Contributor Elizabeth Fishback			MO	DAY	YEAR	\$ 50.00
Mailing Address			11	24	2024	
City Pittsburgh	State PA	Zip Code (Plus 4) 15224				

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

PAGE TOTAL
\$ 100.00

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
KINKEAD, EMILY PEOPLE FOR	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
PA Academy of Ophthalmology PAC				11	25	2024	
Mailing Address							
City	Harrisburg	State	PA	Zip Code (Plus 4)	17101		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
COPE AFT LOCAL 2067				11	25	2024	
Mailing Address							
City	PITTSBURGH	State	PA	Zip Code (Plus 4)	15212-6003		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	1,000.00

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
	From: To:

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
City	State	Zip Code (Plus 4)						
Employer Name				Occupation				
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	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: To:
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				DATE	AMOUNT		
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 Period	
KINKEAD, EMILY PEOPLE FOR		From: <u>10/22/2024</u> To: <u>11/25/2024</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
KINKEAD, EMILY PEOPLE FOR	From <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$ 13.69
ActBlue				11	25	2024	
Mailing Address							
City	Somerville	State	MA	Zip Code (Plus 4)	Description of Expenditure		
				02144	Processing Fees (Misc)		
To Whom Paid				MO	DAY	YEAR	\$ 250.00
Emerge PA				10	24	2024	
Mailing Address							
City	Philadelphia	State	PA	Zip Code (Plus 4)	Description of Expenditure		
				19102	Contribution		
To Whom Paid				MO	DAY	YEAR	\$ 3,000.00
Pennsylvania Prison Society				11	1	2024	
Mailing Address							
City	Philadelphia	State	PA	Zip Code (Plus 4)	Description of Expenditure		
				19102	Charitable Contribution		
To Whom Paid				MO	DAY	YEAR	\$ 18,996.69
Red Horse Strategies				11	1	2024	
Mailing Address							
City	Brooklyn	State	NY	Zip Code (Plus 4)	Description of Expenditure		
				11201	Campaign Literature		
To Whom Paid				MO	DAY	YEAR	\$ 77.04
Google Inc				11	4	2024	
Mailing Address							
City	Mountain View	State	CA	Zip Code (Plus 4)	Description of Expenditure		
				94043	Email/Cloud Storage		
To Whom Paid				MO	DAY	YEAR	\$ 12.78
Google Inc				11	4	2024	
Mailing Address							
City	Mountain View	State	CA	Zip Code (Plus 4)	Description of Expenditure		
				94043	Additional Email/Cloud Storage		

To Whom Paid Campaign Deputy			MO	DAY	YEAR	\$ 150.00
Mailing Address			11	4	2024	
City Louisville	State KY	Zip Code (Plus 4) 40202	Description of Expenditure Donor Contact			

To Whom Paid 1&1 IONOS Inc			MO	DAY	YEAR	\$ 25.00
Mailing Address			11	12	2024	
City Chesterbrook	State PA	Zip Code (Plus 4) 19087	Description of Expenditure Website Maintenance			

To Whom Paid MFStrategies, LLC			MO	DAY	YEAR	\$ 1,500.00
Mailing Address			11	18	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Consulting Fee			

To Whom Paid Amtrak			MO	DAY	YEAR	\$ 175.00
Mailing Address			11	18	2024	
City Washington	State DC	Zip Code (Plus 4) 20001	Description of Expenditure Event Travel			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 24,200.20

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 KINKEAD, EMILY PEOPLE FOR	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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				DATE		Outstanding Balance of Debt	
Name of Creditor				MO	DAY	YEAR	
Emily Kinkead				12	31	2019	
Mailing Address							\$ 9,100.00
City Pittsburgh		State PA	Zip Code (Plus 4) 15212	Description of Debt Candidate Campaign Contribution			
Name of Creditor				MO	DAY	YEAR	
Emily Kinkead				3	5	2021	
Mailing Address							\$ 171.50
City Pittsburgh		State PA	Zip Code (Plus 4) 15212	Description of Debt Holiday Cards			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL
							\$ 9,271.50