

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20190158		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> KINKEAD, EMILY PEOPLE FOR												
<b>Street Address:</b> 1424 BECKHAM ST												
<b>City:</b> PITTSBURGH						<b>State:</b> PA			<b>Zip Code:</b> 15212-2317			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2024	<b>FILING METHOD ( ) CHECK ONE</b>				<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	20	STH	DEM	02
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		10	22	2024		11	25	2024				
<b>A. Amount Brought Forward From Last Report</b>						\$ 37,768.19						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 1,320.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 39,088.19						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 24,200.20						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 14,887.99						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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**

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

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

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 100.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 100.00

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

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 1,320.00
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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:

DATE			AMOUNT
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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 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)**

<b>Name of Filing Committee or Candidate</b>  KINKEAD, EMILY PEOPLE FOR	<b>Reporting Period</b>  <b>From:</b> <u>10/22/2024</u> <b>To:</b> <u>11/25/2024</u>
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DATE	AMOUNT
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<b>Full Name of Contributor</b> Elizabeth Fishback			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50.00
<b>Mailing Address</b> 336 Ella Street			10	24	2024	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15224				

<b>Full Name of Contributor</b> Elizabeth Fishback			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50.00
<b>Mailing Address</b> 336 Ella Street			11	24	2024	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15224				

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

<b>PAGE TOTAL</b>
\$ 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.

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

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	500.00
PA Academy of Ophthalmology PAC								
Mailing Address 200 North Third Street Suite 1500								
City Harrisburg		State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee				MO	DAY	YEAR	\$	500.00
COPE AFT LOCAL 2067								
Mailing Address 808 RIDGE AVE, JONES HALL 314								
City PITTSBURGH		State PA	Zip Code (Plus 4) 15212-6003					

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

<b>PAGE TOTAL</b>
\$ 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: <span style="margin-left: 100px;">To:</span>

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
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.

<b>PAGE 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: <span style="float: right;">To:</span>
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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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
KINKEAD, EMILY PEOPLE FOR		From: <u>10/22/2024</u> To: <u>11/25/2024</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 0.00

7/4/2025 8:29:26 AM

# SCHEDULE III STATEMENT OF EXPENDITURES

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

				DATE	AMOUNT		
To Whom Paid ActBlue				MO	DAY	YEAR	\$ 13.69
Mailing Address 366 Summer Street				11	25	2024	
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure Processing Fees (Misc)				
To Whom Paid Emerge PA				MO	DAY	YEAR	\$ 250.00
Mailing Address PO Box 60078				10	24	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Contribution				
To Whom Paid Pennsylvania Prison Society				MO	DAY	YEAR	\$ 3,000.00
Mailing Address 230 S Broad St. #605				11	1	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Charitable Contribution				
To Whom Paid Red Horse Strategies				MO	DAY	YEAR	\$ 18,996.69
Mailing Address 55 Washington St. #702				11	1	2024	
City Brooklyn	State NY	Zip Code (Plus 4) 11201	Description of Expenditure Campaign Literature				
To Whom Paid Google Inc				MO	DAY	YEAR	\$ 77.04
Mailing Address 1600 Ampitheatre Parkway				11	4	2024	
City Mountain View	State CA	Zip Code (Plus 4) 94043	Description of Expenditure Email/Cloud Storage				
To Whom Paid Google Inc				MO	DAY	YEAR	\$ 12.78
Mailing Address 1600 Ampitheatre Parkway				11	4	2024	
City Mountain View	State CA	Zip Code (Plus 4) 94043	Description of Expenditure Additional Email/Cloud Storage				

<b>To Whom Paid</b> Campaign Deputy			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 150.00
<b>Mailing Address</b> 552 E Market Street			11	4	2024	
<b>City</b> Louisville	<b>State</b> KY	<b>Zip Code (Plus 4)</b> 40202	<b>Description of Expenditure</b> Donor Contact			

  

<b>To Whom Paid</b> 1&1 IONOS Inc			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 25.00
<b>Mailing Address</b> 701 Lee Road #300			11	12	2024	
<b>City</b> Chesterbrook	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19087	<b>Description of Expenditure</b> Website Maintenance			

  

<b>To Whom Paid</b> MFStrategies, LLC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,500.00
<b>Mailing Address</b> PO Box 439			11	18	2024	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Consulting Fee			

  

<b>To Whom Paid</b> Amtrak			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 175.00
<b>Mailing Address</b> 1 Massachusetts Ave, NW			11	18	2024	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20001	<b>Description of Expenditure</b> Event Travel			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						<b>\$</b> 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

<b>Name of Filing Committee or Candidate</b>  KINKEAD, EMILY PEOPLE FOR	<b>Reporting Period</b>  From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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				DATE		Outstanding Balance of Debt	
Name of Creditor Emily Kinkead				MO	DAY	YEAR	\$ 9,100.00
Mailing Address 1424 Beckham St				12	31	2019	
City Pittsburgh		State PA	Zip Code (Plus 4) 15212	Description of Debt Candidate Campaign Contribution			
Name of Creditor Emily Kinkead				MO	DAY	YEAR	\$ 171.50
Mailing Address 1424 Beckham St				3	5	2021	
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