Campaign Finance Report

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

File: Identification 20190158 Report File d by : CANDIDATE CMMITTEE COMMITTEE UBBNIST Name of Filing Committee, Candidate or Lobbylet: KINKEAD, EMILY PEOPLE FOR State: PA Zip Code: 15212-2317 Street Address: FITTSBURCH State: PA Zip Code: 15212-2317 (place X to the right of report type) PITTSBURCH State: PA Zip Code: 15212-2317 (place X to the right of report type) Alt DIPEDAY ANNUAL REPORT PA Zip Code: 15212-2317 No Alt DIPEDAY REPORT Alt DIPEDAY ALECTION POST: State: PA Zip Code: No Name of Office Sought by Candidate: FILLING METHOD report type) PAFE State: PA TERMINATION Yes DISKETTE Name of Office Sought by Candidate: FILLING METHOD report type) PAFE State: PA TERMINATION Yes DISKETTE Summary of Receipts and Expenditures from: MO DAY YEAR NO DAY YEAR B. Total Monetary Contributions And Receipts (From Schedule 11) \$ 1,320.00 FOR OFFICE USE ONLY FETDAVIT SECTION Signature of Derso	-					-		-							NICT	
Street Address: City: PITTSBURGH Street Address: PALE PRESENT AT UP CONSTRUCTION POST: 3. AMENDAMENT Note of the present of the pr		ion	2019	0158					CANDI	DATE	co	OMMITTEE	\checkmark	LOBI	BAIZI	
City: PITTSBURGH State: PA Zip Code: 15212-2317 TPPE OF REPORT (EPORT) TH TUSDAY 1. PND FEIDAY PRE- PRIMARY 2. B0 DW PRIMARY AMENDMENT REPORT Test Prime No No No (place X to the right of PRE-FEICION 4. PAND FEIDAY PRE- PRIMARY 2. B0 DW PRIMARY POST- ELCTION 6. X TERMINATION Yes No <	Name of Filing C	Committee	e, Candida	ate or L	obbyist:		KINKE	AD, EN	1ILY PEO	PLE FOF	2					
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11 5 2024 Image: Description of the control of the	REPRESENTAT	IVF IN TH	IF GENER	AL ASS	EMBLY				мо	DAY	YEAR	20	STH	DEN	1	02
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A. Amount Brought Forward From Last Report A. Amount Brought Forward From Last Report S. Total Monetary Contributions And Receipts (From Schedule I) S. Total Funds Available (Sum Of Lines A and B) S. Total Funds Available (Sum Of Lines A and B) S. Total Funds Available (Sum Of Lines A and B) C. Total Funds Available (Sum Of Lines A and B) S. Total Expenditures (From Schedule III) S. Total Expenditures (From Schedule IV) S. Total Expenditures (Trom Schedule IV) S. Total Expenditure (Treasurer sign here. If this is a Candidate report, candidate sign here. I sween (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 the second schedules filed on paper or by electronic medium, are to the best of my knowledge and belief this political committee the second schedules of the act of June 3,1937 (P.L. 1332, NO 320) as anoneded. Super to an ausberide before me this Signature My Commission Expires Signature Signatur			and	мо	DAY	YEAR			мо	DAY	YEAR	F	OR OFFIC	CE USE	ONLY	
B. Total Monetary Contributions And Receipts (From Schedule 1) \$ 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 III) \$ 0.00 G. Unpaid Debts And Obligations (From Schedule IV) \$ 9,271.50 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. Signature My Commission Expires	Expenditures	s from:			10 22	2	024	ГО	11	2	5 20	24				
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 Signature My Commission Expires Email 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. 133, No 320) as ametade. Sworn to and subscribed before me this Signature of Candidate My Commission Expires Signature My Commission Expires Signature of Candidate My Commission Expires Signature <	A. Amount Bro	ught Forv	ward From	n Last R	eport			\$			37,768.	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. Iswear (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 Signature My Commission Expires Email 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 Signature day of 20 Printed Name My Commission Expires Signature of 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.	B. Total Monet	ary Contr	ibutions A	And Rec	eipts (Fron	1 Sche	dule I)	\$			1,320.	00				
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. Iswear (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 Signature of Person Submitting Report day of 20 Email M0 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 Signature day of 20 Printed Name My Commission Expires Signature Email My Commission Expires Signature Signature of Candidate My Commission Expires Email Printed Name	C. Total Funds	Available	(Sum Of	Lines A	and B)			\$			39,088.	19				
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 Signature gay of 20 Signature Printed Name My Commission Expires Email 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. Signature of Candidate 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. Signature of Candidate Sworn to and subscribed before me this Signature Printed Name My Commission Expires Email Printed Name	D. Total Expenditures (From Schedule III)					\$			24,200.	20						
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. Is wear (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 Signature of Person Submitting Report day of 20 Finali 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 Signature of Candidate day of 20 Printed Name My Commission Expires Signature of Candidate My Commission Expires Signature My Commission Expires Email	E. Ending Cash	Balance	(Subtract	: Line D	From Line	C)		\$			14,887.	99				
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day of 20 Printed Name My Commission Expires Email 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. Isignature of Candidate's authorized 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 Signature of Candidate My Commission Expires Signature Email My Commission Expires Signature Email			report, inclu	uding the	e attached sc	hedule	s filed or	paper	or by elect	ronic me	dium, are	to the best	of my knov	wledge	and beli	ef , true
My Commission Expires Email 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. Iswear (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 20 Printed Name My Commission Expires Signature Email	Sworn to and subs		ore me this		20						Signa	ture of Pers	on Submitt	ting Rep	oort	
My Commission Expires Email 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 Signature of Candidate			Signatur	re				_				Pri	nted Name	•		
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 of20 Printed Name Signature Signature Email	My Commission E	xpires	orgnatar									Em	ail			
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No 320) as amended. Sworn to and subscribed before me this day of20 Printed Name Signature Email	Part II- If this is	a report	of a cand	lidate's	authorized	Comm	nittee, (Candid	ate shall	sign he	re.					
day of 20			e best of m	ıy knowle	edge and beli	ef this	politica	comm	ittee has n	ot violate	ed any pro	ovisions of t	he act of Ju	une 3,1	937 (P.I	1333,
Signature Signature Email	Sworn to and subso		re me this		20							Signature	of Candida	ate		
My Commission Expires Email								_				Print	ted Name			
MO DAY YR Area Code Daytime Telephone Number	My Commission Exp		Signature					_				Em	ail			
		_	мо	D	AY	YR	1	-		Area C	Code		Daytime To	elephor	ie Numb)er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	a Doriod		
	Reporting	y Period		
KINKEAD, EMILY PEOPLE FOR	From:	<u>10/22/20</u>	<u>24</u> To:	<u>11/25/2024</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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	g Period	(3)	\$	1,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	g 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			\$	1,320.00

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 Candidat	e		Rep	orting I	Period			
			From: To:					
		·			DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	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 other 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s w ortir	ith an ng peri	aggreg			rom
Nan	ne of Filing Committee or Candida	ate		Rep	orting P	eriod			
KIN	KEAD, EMILY PEOPLE FOR			Fro	m:	<u>10/22/2</u>	2024 To	:	<u>11/25/2024</u>
						DATE			AMOUNT
	ame of Contributor eth Fishback				мо	DAY	YEAR		
Mailin	g Address							\$	50.00
City	Pittsburgh	State PA	Zip Code (Plus 4 15224)	10	24	2024		
Full Na	ame of Contributor				мо	DAY	YEAR		
Elizab	eth Fishback				МО	DAT	TEAK		
Mailin	g Address		-					\$	50.00
City	Pittsburgh	State	Zip Code (Plus 4)	11	24	2024		
		PA	15224						
									PAGE TOTAL
E	nter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, S	ection 2	-		\$	100.00

PAGE 5

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 Cand	idate		Reporting	g Period				
KINKEAD, EMILY PEOPLE FOR			From:	<u>10/2</u>	22/2024	То:	<u>11</u>	<u>/25/2024</u>
				DA	TE		А	MOUNT
Full Name of Contributing Commit PA Academy of Ophthalmology P/				мо	DAY	YEAR	\$	500.00
Mailing Address				11	25	2024]	
City Harrisburg	State	Zip Cod	e (Plus 4)		20	2021		
	PA	17101						
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
COPE AFT LOCAL 2067							\$	500.00
Mailing Address				11	25	2024		
City PITTSBURGH	State	Zip Cod	e (Plus 4)		25	2024		
	PA	15212-	6003					
						[PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary P	age, Sectio	on 3.			\$	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			Rep	orting Pe	riod			
			Froi	n:		Т):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	r
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	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

THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THIN DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	d	
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 P	ER 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			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 Sche Section 2.	dule II, In-Kind C	Contributions Deta	iled Sum	mary Pag	ie,		PAGE TOTAL	
						\$	(0.00

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

Name of Filing Committee or Candidate			Re	porting I	Period		
			Fro	om:		То:	
					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	e of Business	City	Stat	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of I	Filing Committee or Candidate			Reporti	ng Period			
KINKEAD	P, EMILY PEOPLE FOR			From	<u>10/2</u>	2/2024	То:	<u>11/25/2024</u>
					DATE			AMOUNT
To Whom	Paid			мо	DAY	YEAR		
ActBlue				MO				
Mailing Ad	ldress			11	25	2024	\$	13.69
City So	omerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		МА	02144	Process	ing Fees (I	Misc)		
To Whom				мо	DAY	YEAR		
Emerge P							\$	250.00
Mailing Ad	ldress		1	10	24	2024	φ.	250.00
City Ph	niladelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19102	Contrib	ution			
To Whom Pennsylva	Paid ania Prison Society			мо	DAY	YEAR		
Mailing Address		11	1	2024	\$	3,000.00		
City Philadelphia State Zip Code (Plus 4)			Zip Code (Plus 4)	Descrip	l tion of Exp	l enditure	<u> </u>	
		РА	19102	Charital	ble Contrib	ution		
To Whom	Paid			мо	DAY	YEAR		
Red Horse	e Strategies			МО				
Mailing Ad	ldress			11	1	2024	\$	18,996.69
City Br	ooklyn	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
		NY	11201	Campai	gn Literatu	ire		
To Whom				мо	DAY	YEAR		
Google In							\$	77.04
Mailing Ad	ldress		Γ	11	4	2024		77.04
City Mo	ountain View	State	Zip Code (Plus 4)	-	tion of Exp			
		CA	94043	Email/C	loud Stora	ge		
To Whom				мо	DAY	YEAR		
Google In								12 70
Mailing Ad	ldress			11	4	2024	\$	12.78
City Mo	ountain View	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		CA	94043	Additional Email/Cloud Storage				

To Whom Paid			мо	DAY	YEAR	
Campaign Deputy						
Mailing Address			11	4	2024	\$ 150.00
City Louisville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	КY	40202	Donor (Contact		
To Whom Paid			мо	DAY	YEAR	
1&1 IONOS Inc			MO		TEAR	
Mailing Address			11	12	2024	\$ 25.00
City Chesterbrook	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	19087	Website	e Maintenai	nce	
To Whom Paid			мо	DAY	YEAR	
MFStrategies, LLC			MO		TEAR	
Mailing Address			11	18	2024	\$ 1,500.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	17108	Consult	ing Fee		
To Whom Paid			мо	DAY	YEAR	
Amtrak						
Mailing Address			11	18	2024	\$ 175.00
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		20001	Event T	raval		
	DC	20001	Lvent	lavei		
Enter Grand Total of Expend				lavei		PAGE TOTAL

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			Reporting Period					
KINKEAD, EMILY PEOPLE FOR			From:	<u>10</u>	/22/2024	То:		<u>11/25/2024</u>
				DATE				Outstanding Balance 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	Plus 4)	s 4) Description of Debt				
PA 15212				Candidate Campaign Contribution				
Name of Creditor				мо	DAY	YEAR		
Emily Kinkead				MO	DAT			
Mailing Address				3	5	202	1	\$ 171.50
City Pittsburgh	State	Zip Code (P	Plus 4)	Description of Debt				
	PA 15212 Holiday Cards							
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								PAGE TOTAL
							\$	9,271.50