

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 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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7. X	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		
		11	26	2024			12	31	2024			
A. Amount Brought Forward From Last Report						\$ 14,887.99						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,895.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 16,782.99						
D. Total Expenditures (From Schedule III)						\$ 8,525.19						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 8,257.80						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 4,271.50						

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>11/26/2024</u> To: <u>12/31/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 145.00

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

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,895.00
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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 KINKEAD, EMILY PEOPLE FOR	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee NISOURCE INC PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address			12	16	2024	
City COLUMBUS	State OH	Zip Code (Plus 4) 43215-0000				

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

PAGE TOTAL
\$ 250.00

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 KINKEAD, EMILY PEOPLE FOR	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
COPE AFT LOCAL 2067						
Mailing Address						
City	PITTSBURGH	State	PA	12	11	2024
Zip Code (Plus 4)						
15212-6003						
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
PA Academy of Ophthalmology PAC						
Mailing Address						
City	Harrisburg	State	PA	12	16	2024
Zip Code (Plus 4)						
17101						
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
B&B PAC						
Mailing Address						
City	Duncannon	State	PA	12	16	2024
Zip Code (Plus 4)						
17020						
						\$ 500.00

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

PAGE TOTAL	
\$	1,500.00

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>11/26/2024</u> To: <u>12/31/2024</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>11/26/2024</u> To: <u>12/31/2024</u>

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$ 77.04
Google Inc				12	2	2024	
Mailing Address				12	2	2024	\$ 12.78
City	Mountain View	State	CA	Zip Code (Plus 4)	94043	Description of Expenditure	
To Whom Paid				MO	DAY	YEAR	\$ 150.00
Google Inc				12	2	2024	
Mailing Address				12	2	2024	\$ 5,000.00
City	Mountain View	State	CA	Zip Code (Plus 4)	94043	Description of Expenditure	
To Whom Paid				MO	DAY	YEAR	\$ 919.27
Campaign Deputy				12	2	2024	
Mailing Address				12	2	2024	\$ 861.89
City	Louisville	State	KY	Zip Code (Plus 4)	40202	Description of Expenditure	
To Whom Paid				MO	DAY	YEAR	\$ 919.27
Emily Kinkead				12	2	2024	
Mailing Address				12	2	2024	\$ 861.89
City	Pittsburgh	State	PA	Zip Code (Plus 4)	15212	Description of Expenditure	
To Whom Paid				MO	DAY	YEAR	\$ 919.27
Ameritana Hotel				12	9	2024	
Mailing Address				12	9	2024	\$ 861.89
City	New York	State	NY	Zip Code (Plus 4)	10019	Description of Expenditure	
To Whom Paid				MO	DAY	YEAR	\$ 861.89
Ameritana Hotel				12	10	2024	
Mailing Address				12	10	2024	\$ 861.89
City	New York	State	NY	Zip Code (Plus 4)	10019	Description of Expenditure	

To Whom Paid MFStrategies, LLC			MO	DAY	YEAR	\$ 1,500.00
Mailing Address			12	18	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Consulting Fee			

To Whom Paid ActBlue			MO	DAY	YEAR	\$ 4.21
Mailing Address			12	31	2024	
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure Processing Fees (Misc)			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 8,525.19

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>11/26/2024</u> To: <u>12/31/2024</u>
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				DATE	Outstanding Balance of Debt		
Name of Creditor				MO	DAY	YEAR	
Emily Kinkead							
Mailing Address				12	31	2019	\$ 4,271.50
City	Pittsburgh	State	PA	Zip Code (Plus 4)	15212	Description of Debt	
						Candidate Campaign Contribution	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL
							\$ 4,271.50