

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. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2025	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
						MO	DAY	YEAR	DEM 02			
						11	4	2025	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	6	2025		6	9	2025				
A. Amount Brought Forward From Last Report						\$ 18,048.85						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 3,133.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 21,181.85						
D. Total Expenditures (From Schedule III)						\$ 2,118.50						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 19,063.35						
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>5/6/2025</u> To: <u>6/9/2025</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 108.00

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)	\$ 225.00
TOTAL for the Reporting Period (2)	\$ 225.00

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)	\$ 800.00
TOTAL for the Reporting Period (3)	\$ 2,800.00

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.)	\$ 3,133.00
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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)**

Name of Filing Committee or Candidate KINKEAD, EMILY PEOPLE FOR	Reporting Period From: <u>5/6/2025</u> To: <u>6/9/2025</u>
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DATE	AMOUNT
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Full Name of Contributor Robert Boulware			MO	DAY	YEAR	\$ 125.00
Mailing Address			6	3	2025	
City Pittsburgh	State PA	Zip Code (Plus 4) 15212				

Full Name of Contributor Cory Hart			MO	DAY	YEAR	\$ 100.00
Mailing Address			6	3	2025	
City Pittsburgh	State PA	Zip Code (Plus 4) 15212				

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

PAGE TOTAL
\$ 225.00

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>5/6/2025</u> To: <u>6/9/2025</u>
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				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	1,000.00
Penn Osteopathic Med PAC								
Mailing Address								
City Harrisburg		State PA	Zip Code (Plus 4) 17111	5	16	2025		
Full Name of Contributing Committee				MO	DAY	YEAR	\$	1,000.00
APSCUF/CAP(ASSN PA ST COL/UNIV FACL)								
Mailing Address								
City HARRISBURG		State PA	Zip Code (Plus 4) 17101	5	15	2025		

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

PAGE TOTAL
\$ 2,000.00

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 KINKEAD, EMILY PEOPLE FOR	Reporting Period From: <u>5/6/2025</u> To: <u>6/9/2025</u>
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			DATE			AMOUNT
Full Name of Contributor Christian Ficara			MO	DAY	YEAR	\$ 300.00
Mailing Address City New York State NY Zip Code (Plus 4) 10005			5	9	2025	
Employer Name Cresco Labs			Occupation Vice President			
Employer Mailing Address/Principal Place of Business			City Chicago		State IL	Zip Code (Plus 4) 60661

Full Name of Contributor Sadie Restivo			MO	DAY	YEAR	\$ 500.00
Mailing Address City Pittsburgh State PA Zip Code (Plus 4) 15203			6	3	2025	
Employer Name PAAR			Occupation Executive Director			
Employer Mailing Address/Principal Place of Business			City Pittsburgh		State PA	Zip Code (Plus 4) 15203

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

PAGE TOTAL
\$ 800.00

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>5/6/2025</u> To: <u>6/9/2025</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

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

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 of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
KINKEAD, EMILY PEOPLE FOR	From <u>5/6/2025</u> To: <u>6/9/2025</u>

DATE				AMOUNT		
To Whom Paid Gainey for Mayor			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			5	16	2025	
City	Pittsburgh	State	PA	Zip Code (Plus 4)	15206	Description of Expenditure Campaign Contribution
To Whom Paid Campaign Deputy			MO	DAY	YEAR	\$ 150.00
Mailing Address			6	2	2025	
City	Louisville	State	KY	Zip Code (Plus 4)	40202	Description of Expenditure Donor Contact
To Whom Paid Google Inc			MO	DAY	YEAR	\$ 77.04
Mailing Address			6	2	2025	
City	Mountain View	State	CA	Zip Code (Plus 4)	94043	Description of Expenditure Email/Cloud Storage
To Whom Paid Google Inc			MO	DAY	YEAR	\$ 12.86
Mailing Address			6	2	2025	
City	Mountain View	State	CA	Zip Code (Plus 4)	94043	Description of Expenditure Additional Email/Cloud Storage
To Whom Paid Unreal Catering HBG LLC			MO	DAY	YEAR	\$ 365.70
Mailing Address			5	31	2025	
City	Camp Hill	State	PA	Zip Code (Plus 4)	17011	Description of Expenditure Event Food
To Whom Paid Crown Awards			MO	DAY	YEAR	\$ 83.75
Mailing Address			5	22	2025	
City	Hawthorne	State	NY	Zip Code (Plus 4)	10532	Description of Expenditure Event Prize

To Whom Paid Erin Wise			MO	DAY	YEAR	\$ 157.17
Mailing Address			6	3	2025	
City Pittsburgh	State PA	Zip Code (Plus 4) 15206	Description of Expenditure Event Beverages			

To Whom Paid Water Golf on City Island			MO	DAY	YEAR	\$ 271.98
Mailing Address			6	4	2025	
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Event Cost			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 2,118.50

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>5/6/2025</u> To: <u>6/9/2025</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	