

# 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-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2025	<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>
					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	DEM 02			
					11	4	2025	(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>		
		5	6	2025		6	9	2025			
<b>A. Amount Brought Forward From Last Report</b>					\$ 18,048.85						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>					\$ 3,133.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>					\$ 21,181.85						
<b>D. Total Expenditures (From Schedule III)</b>					\$ 2,118.50						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>					\$ 19,063.35						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>					\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>					\$ 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**

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

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

<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>	\$ 225.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 225.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 2,000.00
<b>All Other Contributions (Part D)</b>	\$ 800.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 2,800.00

<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>	\$ 3,133.00
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<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>  <b>From:</b> <b>To:</b>
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	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.**

<b>PAGE TOTAL</b>	
\$	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>5/6/2025</u> <b>To:</b> <u>6/9/2025</u>
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DATE	AMOUNT
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<b>Full Name of Contributor</b> Cory Hart			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 108 Alpine Avenue			6	3	2025	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15212				

<b>Full Name of Contributor</b> Robert Boulware			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 125.00
<b>Mailing Address</b> 303 Squire Circle			6	3	2025	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15212				

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

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

<b>Name of Filing Committee or Candidate</b>  KINKEAD, EMILY PEOPLE FOR	<b>Reporting Period</b>  <b>From:</b> <u>5/6/2025</u> <b>To:</b> <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				5	16	2025		
Mailing Address		1330 Eisenhower Boulevard						
City		Harrisburg	State	PA	Zip Code (Plus 4)		17111	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	1,000.00
APSCUF/CAP(ASSN PA ST COL/UNIV FACL)				5	15	2025		
Mailing Address		319 N FRONT ST						
City		HARRISBURG	State	PA	Zip Code (Plus 4)		17101	

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

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

<b>Name of Filing Committee or Candidate</b>  KINKEAD, EMILY PEOPLE FOR	<b>Reporting Period</b>  <b>From:</b> <u>5/6/2025</u> <b>To:</b> <u>6/9/2025</u>
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				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 300.00
Christian Ficara				5	9	2025	
Mailing Address 101 Wall Street							
City New York		State NY	Zip Code (Plus 4) 10005				
Employer Name Cresco Labs				Occupation Vice President			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	
600 W Fulton			Chicago		IL	60661	
Full Name of Contributor				MO	DAY	YEAR	\$ 500.00
Sadie Restivo				6	3	2025	
Mailing Address 561 Thomas Street Ext							
City Pittsburgh		State PA	Zip Code (Plus 4) 15203				
Employer Name PAAR				Occupation Executive Director			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	
81 South 19th Street			Pittsburgh		PA	15203	

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

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

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

**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

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

DATE				AMOUNT
To Whom Paid				
Gainey for Mayor				
Mailing Address PO Box 5208				
City Pittsburgh	State PA	Zip Code (Plus 4) 15206		
Description of Expenditure				
Campaign Contribution				
To Whom Paid				
Campaign Deputy				
Mailing Address 552 E Market Street				
City Louisville	State KY	Zip Code (Plus 4) 40202		
Description of Expenditure				
Donor Contact				
To Whom Paid				
Google Inc				
Mailing Address 1600 Ampitheatre Parkway				
City Mountain View	State CA	Zip Code (Plus 4) 94043		
Description of Expenditure				
Email/Cloud Storage				
To Whom Paid				
Google Inc				
Mailing Address 1600 Ampitheatre Parkway				
City Mountain View	State CA	Zip Code (Plus 4) 94043		
Description of Expenditure				
Additional Email/Cloud Storage				
To Whom Paid				
Unreal Catering HBG LLC				
Mailing Address 17 S 35th Street				
City Camp Hill	State PA	Zip Code (Plus 4) 17011		
Description of Expenditure				
Event Food				
To Whom Paid				
Crown Awards				
Mailing Address 9 Skyline Drive				
City Hawthorne	State NY	Zip Code (Plus 4) 10532		
Description of Expenditure				
Event Prize				

<b>To Whom Paid</b> Erin Wise			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 157.17
<b>Mailing Address</b> 6516 Jackson Street			6	3	2025	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15206	<b>Description of Expenditure</b> Event Beverages			

  

<b>To Whom Paid</b> Water Golf on City Island			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 271.98
<b>Mailing Address</b> 600 Riverside Drive			6	4	2025	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	<b>Description of Expenditure</b> Event Cost			

  

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

<b>Name of Filing Committee or Candidate</b>  KINKEAD, EMILY PEOPLE FOR	<b>Reporting Period</b>  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	Zip Code (Plus 4)	Description of Debt			
		PA	15212	Candidate Campaign Contribution			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL
							\$ 4,271.50