

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: 1424 BECKHAM ST												
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. X	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.	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 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 303 SQUIRE CIRCLE			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 108 ALPINE AVENUE			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				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.

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	MO	DAY	YEAR			
CHRISTIAN FICARA						\$ 300.00
Mailing Address 101 WALL STREET						
City NEW YORK				5	9	2025
State NY						
Zip Code (Plus 4) 10005						
Employer Name CRESCO LABS				Occupation VICE PRESIDENT		
Employer Mailing Address/Principal Place of Business 600 W FULTON	City CHIGAGO		State IL	Zip Code (Plus 4) 60661		
SADIE RESTIVO						\$ 500.00
Mailing Address 561 THOMAS STREET EXT						
City PITTSBURGH				6	3	2025
State PA						
Zip Code (Plus 4) 15203						
Employer Name PAAR				Occupation EXECUTIVE DIRECTOR		
Employer Mailing Address/Principal Place of Business 81 SOUTH 19TH STREET	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				
GAINNEY 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 AMPHITHEATRE 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 AMPHITHEATRE 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				

To Whom Paid ERIN WISE			MO	DAY	YEAR	\$ 157.17
Mailing Address 6516 JACKSON STREET			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 600 RIVERSIDE DRIVE			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				
EMILY KINKEAD				
Mailing Address				
1424 BECKHAM ST				
	MO	DAY	YEAR	
	12	31	2019	\$ 4,271.50
City	State	Zip Code (Plus 4)	Description of Debt	
PITTSBURGH	PA	15212	CANDIDATE CAMPAIGN CONTRIBUTION	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.				PAGE TOTAL
				\$ 4,271.50