

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Erin McClelland for Congress

ADDRESS (number and street) PO Box 2824
 Check if different than previously reported. (ACC) Lower Burrell PA 15068

2. **FEC IDENTIFICATION NUMBER** C C00543918 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
PA 12

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
07 / 01 / 2013 through 09 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer David Lazear
Signature of Treasurer David Lazear *[Electronically Filed]* Date M M / D D / Y Y Y Y
10 / 15 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Erin McClelland for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	22080.00	47878.89
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	22080.00	47878.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15221.25	28306.17
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	15221.25	28306.17
8. Cash on Hand at Close of Reporting Period (from Line 27)	71977.72	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	50000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Erin McClelland for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19225.00	40209.89
(ii) Unitemized.....	2855.00	7669.00
(iii) TOTAL of contributions from individuals ▶	22080.00	47878.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	22080.00	47878.89
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	35000.00	50000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	35000.00	50000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	57080.00	97878.89

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15221.25	28306.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	310.00	1120.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15531.25	29426.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	30428.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	57080.00
25. SUBTOTAL (add Line 23 and Line 24).....	87508.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15531.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	71977.72

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

A. Full Name (Last, First, Middle Initial)
Michelle Sellitto

Mailing Address 4424 Rathlin Ct

City Harrisburg State PA Zip Code 17112-1573

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2013

Transaction ID : VN8M5AYTJ20

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Piyush Seth Esq.

Mailing Address 1601 Mountain View Dr

City Gibsonia State PA Zip Code 15044-9275

FEC ID number of contributing federal political committee. **C**

Name of Employer Tucker Arensberg Occupation attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 09 / 2013

Transaction ID : VN8M5AB2J30

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Sharon Hillier

Mailing Address 945 Field Club Rd

City Pittsburgh State PA Zip Code 15238-2128

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Pittsburgh Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2013

Transaction ID : VN8M5AECWA0

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

A. Full Name (Last, First, Middle Initial)
David C Brown

Mailing Address 227 1st St

City State Zip Code
Aspinwall PA 15215-3008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rosen Louik Perry Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2013

Transaction ID : VN8M5AAG9N0

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Iyalla N. Adoki

Mailing Address 1104 5th Ave

City State Zip Code
Corapolis PA 15108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2013

Transaction ID : VN8M5AXAYF1

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
David C Brown

Mailing Address 227 1st St

City State Zip Code
Aspinwall PA 15215-3008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rosen Louik Perry Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2013

Transaction ID : VN8M5AZJB32

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

A. Full Name (Last, First, Middle Initial)
James J Browne

Mailing Address 36 Newgate Rd

City State Zip Code
Pittsburgh PA 15202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allegheny Financial Group President and Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2013

Transaction ID : VN8M5AY8GC2

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Emily Landerman Goldberg

Mailing Address 140 Springhouse Ln

City State Zip Code
Pittsburgh PA 15238-2316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Martini Construction, LLC Business Development Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2013

Transaction ID : VN8M5AXGY83

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John McClelland

Mailing Address 750 Carl Ave

City State Zip Code
New Kensington PA 15068-4608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Paragon Foods VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4200.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2013

Transaction ID : VN8M5AXB1P3

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

Full Name (Last, First, Middle Initial) A. Ann Baruch		Date of Receipt M M / D D / Y Y Y Y Y 07 / 12 / 2013	
Mailing Address 1004 Broadmoor Rd		Transaction ID : VN8M5ABC0S3	
City Bryn Mawr	State PA	Zip Code 19010-1934	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer retired	Occupation fundraiser		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Simin Curtis		Date of Receipt M M / D D / Y Y Y Y Y 08 / 16 / 2013	
Mailing Address 5 Von Lent Pl		Transaction ID : VN8M5AN97T3	
City Pittsburgh	State PA	Zip Code 15232-1444	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer American Middle East Institute	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Robert L Jennings Jr.		Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2013	
Mailing Address PO Box 325		Transaction ID : VN8M5AMX344	
City Foxburg	State PA	Zip Code 16036-0325	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Robert L. Jennings, Jr. P.C.	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

A. Full Name (Last, First, Middle Initial)
Cynthia D Shapira

Mailing Address 111 Hawthorne Rd

City Blawnox State PA Zip Code 15238-2322

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2013

Transaction ID : VN8M5AC6HG4

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Gail Klingensmith

Mailing Address 113 Doray Dr

City Pittsburgh State PA Zip Code 15237-3619

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Businesswoman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : VN8M5B07WH4

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Neil Capretto

Mailing Address 440 2nd St

City Beaver State PA Zip Code 15009-2718

FEC ID number of contributing federal political committee. **C**

Name of Employer Gateway Rehabilitation Center Occupation Medical Director/Psychiatrist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2013

Transaction ID : VN8M5AYQ1K4

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

A. Full Name (Last, First, Middle Initial)
Aldyth Coler

Mailing Address 20 River Ter
Apt 28B

City State Zip Code
New York NY 10282-1217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercer Partners Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2013

Transaction ID : VN8M5ABBQY4

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Kenneth Glick

Mailing Address 162 Shadow Ridge Dr

City State Zip Code
Pittsburgh PA 15238-2118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Digestive disease consultants Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2013

Transaction ID : VN8M5AP8YC5

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Elaine Bellin

Mailing Address 109 Nantucket Dr

City State Zip Code
Pittsburgh PA 15238-1909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Paragon Foods President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1845.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2013

Transaction ID : VN8M5AYPPP5

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

A. Full Name (Last, First, Middle Initial)
Kenneth Glick

Mailing Address 162 Shadow Ridge Dr

City Pittsburgh State PA Zip Code 15238-2118

FEC ID number of contributing federal political committee. **C**

Name of Employer Digestive disease consultants Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2013

Transaction ID : VN8M5AYPYS5

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ritchie Lee Tabachnick

Mailing Address 111 Grandview Ave Apt 201

City Pittsburgh State PA Zip Code 15211-1643

FEC ID number of contributing federal political committee. **C**

Name of Employer E & C Africa Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2013

Transaction ID : VN8M5AWYSX5

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address 14 Arrow St Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2013

Transaction ID : VN8M5AWYSX5E

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

A. Full Name (Last, First, Middle Initial)
Kenneth Jones

Mailing Address 121 Oak Manor Dr

City State Zip Code
Natrona Heights PA 15065-1949

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Duquesne Light Lineman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2013

Transaction ID : VN8M5AQ50E6

Amount of Each Receipt this Period
2100.00

B. Full Name (Last, First, Middle Initial)
B. Kirk Holman

Mailing Address 420 4th St

City State Zip Code
California PA 15419-1118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : VN8M5AYW037

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
Lawrence A. Frolik

Mailing Address 154 N Bellefield Ave
Apt 96

City State Zip Code
Pittsburgh PA 15213-2691

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Pittsburgh professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2013

Transaction ID : VN8M5AB3Q28

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2575.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 29
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

A. Full Name (Last, First, Middle Initial)
Cynthia D Shapira

Mailing Address 111 Hawthorne Rd

City Blawnox State PA Zip Code 15238-2322

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 14 / 2013

Transaction ID : VN8M5AN3ED8

Amount of Each Receipt this Period
1600.00

B. Full Name (Last, First, Middle Initial)
Sandy Jones

Mailing Address 121 Oak Manor Dr

City Natrona Heights State PA Zip Code 15065-1949

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1224.83**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 29 / 2013

Transaction ID : VN8M5AQ50D8

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Manasi A Ravi

Mailing Address 110 Diamondwood Ct

City Bethel Park State PA Zip Code 15102-2264

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation student

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 18 / 2013

Transaction ID : VN8M5AXE7G8

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

A. Full Name (Last, First, Middle Initial)
Sandy Sheller

Mailing Address 225 S 18th St
Ph 1802

City Philadelphia State PA Zip Code 19103-6162

FEC ID number of contributing federal political committee. **C**

Name of Employer Sheller Family Foundation Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2013

Transaction ID : VN8M5AE71H8

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Kent Culley

Mailing Address 1500 One PPG Place

City Pittsburgh State PA Zip Code 15224

FEC ID number of contributing federal political committee. **C**

Name of Employer Tucker Arensberg Occupation attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2013

Transaction ID : VN8M5AN3DP8

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Nancy Bernstein

Mailing Address 1425 Wightman St

City Pittsburgh State PA Zip Code 15217-1240

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation none

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2013

Transaction ID : VN8M5ABDGQ8

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

A. Full Name (Last, First, Middle Initial)
John McClelland

Mailing Address 750 Carl Ave

City State Zip Code
New Kensington PA 15068-4608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Paragon Foods VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2013

Transaction ID : VN8M5AXB1X8

Amount of Each Receipt this Period
1600.00

B. Full Name (Last, First, Middle Initial)
Louise R Malakoff

Mailing Address 142 Yorkshire Dr

City State Zip Code
Pittsburgh PA 15208-2641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NA Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2013

Transaction ID : VN8M5AB37Y8

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ritchie Lee Tabachnick

Mailing Address 111 Grandview Ave
Apt 201

City State Zip Code
Pittsburgh PA 15211-1643

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
E & C Africa President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2013

Transaction ID : VN8M5AQ2V09

Amount of Each Receipt this Period
350.00

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address 14 Arrow St
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2013

Transaction ID : VN8M5AQ2V09E

Amount of Each Receipt this Period
350.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Mahmood Usman

Mailing Address 1901 Louise Dr

City Glenshaw State PA Zip Code 15116-3103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NHS Human Services Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2013

Transaction ID : VN8M5APZ909

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

19225.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

A. Full Name (Last, First, Middle Initial)
Erin L McClelland

Mailing Address 750 Carl Ave

City State Zip Code
New Kensington PA 15068-4608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Arche Wellness, LLC Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : VN8M5B4AK20

Amount of Each Receipt this Period
31000.00

B. Full Name (Last, First, Middle Initial)
Erin L McClelland

Mailing Address 750 Carl Ave

City State Zip Code
New Kensington PA 15068-4608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Arche Wellness, LLC Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
19000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013

Transaction ID : VN8M5B4AJG8

Amount of Each Receipt this Period
4000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

35000.00

35000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

Full Name (Last, First, Middle Initial) A. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2013
Mailing Address 1735 Market St Ste LL		Amount of Each Disbursement this Period 56.75
City Philadelphia	State PA	
Zip Code 19103-7528	Purpose of Disbursement fuel	Transaction ID : VN7MX9MAB20
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Data Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2013
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 163.76
City Fort Lauderdale	State FL	
Zip Code 33340-7066	Purpose of Disbursement credit card processing fees	Transaction ID : VN7MX9JYYD0
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Petel and Company		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2013
Mailing Address 737 8th St SE Ste 202		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20003-3198	Purpose of Disbursement consultant retainer	Transaction ID : VN7MX9JE0Q0
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5220.51
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

Full Name (Last, First, Middle Initial) A. Hilton Harrisburg		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 N 2nd St		Amount of Each Disbursement this Period 236.63
City Harrisburg	State PA Zip Code 17101-1601	
Purpose of Disbursement Lodging	Category/Type 002	Transaction ID : VN7MX9MA9R0
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Data Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2013
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 153.15
City Fort Lauderdale	State FL Zip Code 33340-7066	
Purpose of Disbursement Credit card processing fees	Category/Type 003	Transaction ID : VN7MX9MA7Z0
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1735 Market St Ste LL		Amount of Each Disbursement this Period 55.51
City Philadelphia	State PA Zip Code 19103-7528	
Purpose of Disbursement fuel	Category/Type 002	Transaction ID : VN7MX9MAB12
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	445.29
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

Full Name (Last, First, Middle Initial) A. First Data Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 186.23
City Fort Lauderdale	State FL	
Zip Code 33340-7066	Purpose of Disbursement Credit card processing fees	Transaction ID : VN7MX9MA832
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 1735 Market St Ste LL		Amount of Each Disbursement this Period 37.80
City Philadelphia	State PA	
Zip Code 19103-7528	Purpose of Disbursement fuel	Transaction ID : VN7MX9MAB62
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jason Robert Henry		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 4901 Cypress St. #2		Amount of Each Disbursement this Period 1600.00
City Pittsburgh	State PA	
Zip Code 15224-2152	Purpose of Disbursement consultant fees	Transaction ID : VN7MX9JE0P2
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1824.03
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

Full Name (Last, First, Middle Initial) A. Radisson - Valley Forge		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2013
Mailing Address 1160 1st Ave		Amount of Each Disbursement this Period 468.07
City King Of Prussia	State PA	
Zip Code 19406-1355		
Purpose of Disbursement Lodging expenses		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Caesars Atlantic City		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2013
Mailing Address 2100 Pacific Ave		Amount of Each Disbursement this Period 691.27
City Atlantic City	State NJ	
Zip Code 08401-6612		
Purpose of Disbursement Lodging expenses		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 1735 Market St Ste LL		Amount of Each Disbursement this Period 45.09
City Philadelphia	State PA	
Zip Code 19103-7528		
Purpose of Disbursement fuel		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1204.43
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

Full Name (Last, First, Middle Initial) A. Jason Robert Henry		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2013
Mailing Address 4901 Cypress St. #2		Amount of Each Disbursement this Period 2000.00 Transaction ID : VN7MX9MA7A4
City Pittsburgh	State PA Zip Code 15224-2152	
Purpose of Disbursement Consultant Fees	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Chris Neverman		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2013
Mailing Address 449 Nursery Dr N		Amount of Each Disbursement this Period 375.00 Transaction ID : VN7MX9JYS65
City Mechanicsburg	State PA Zip Code 17055-7017	
Purpose of Disbursement campaign photos	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2013
Mailing Address 1735 Market St Ste LL		Amount of Each Disbursement this Period 56.58 Transaction ID : VN7MX9MAB46
City Philadelphia	State PA Zip Code 19103-7528	
Purpose of Disbursement fuel	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2431.58
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

Full Name (Last, First, Middle Initial) A. Blawnox Industrial		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2013
Mailing Address 221 7th St		Amount of Each Disbursement this Period 500.00
City Pittsburgh	State PA	
Zip Code 15238-3205	Purpose of Disbursement office space	Transaction ID : VN7MX9MAAZ6
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jason Robert Henry		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 4901 Cypress St. #2		Amount of Each Disbursement this Period 2000.00
City Pittsburgh	State PA	
Zip Code 15224-2152	Purpose of Disbursement consultant fees	Transaction ID : VN7MX9JFZH7
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Print & Copy Center		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 731 Allegheny River Blvd		Amount of Each Disbursement this Period 295.32
City Verona	State PA	
Zip Code 15147-1301	Purpose of Disbursement campaign materials	Transaction ID : VN7MX9MA9N7
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2795.32
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

Full Name (Last, First, Middle Initial) A. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 1735 Market St Ste LL		Amount of Each Disbursement this Period 59.50
City Philadelphia	State PA	
Zip Code 19103-7528	Category/Type 002	Transaction ID : VN7MX9MAB38
Purpose of Disbursement fuel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jason Robert Henry		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2013
Mailing Address 4901 Cypress St. #2		Amount of Each Disbursement this Period 350.00
City Pittsburgh	State PA	
Zip Code 15224-2152	Category/Type 001	Transaction ID : VN7MX9MA7V8
Purpose of Disbursement Consultant Fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. First Data Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 163.76
City Fort Lauderdale	State FL	
Zip Code 33340-7066	Category/Type 003	Transaction ID : VN7MX9MA899
Purpose of Disbursement Credit card processing fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	573.26
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

Full Name (Last, First, Middle Initial) A. Blawnox Industrial		Date of Disbursement MM / DD / YYYY 08 / 01 / 2013
Mailing Address 221 7th St		Amount of Each Disbursement this Period 500.00
City Pittsburgh	State PA Zip Code 15238-3205	
Purpose of Disbursement office space	Candidate Name	Transaction ID : VN7MX9MAAY9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	14994.42

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 29	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

Full Name (Last, First, Middle Initial) A. Bob O'Connor Foundation		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2013
Mailing Address 7623 Cheyenne St		Amount of Each Disbursement this Period 60.00 Transaction ID : VN7MX9MA796
City Pittsburgh	State PA Zip Code 15218-2234	
Purpose of Disbursement Donation	Category/Type 012	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Westmoreland County Democratic Committee		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 329 W Otterman St		Amount of Each Disbursement this Period 250.00 Transaction ID : VN7MX9JFZD6
City Greensburg	State PA Zip Code 15601-2218	
Purpose of Disbursement Donation for picnic	Category/Type 012	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	310.00

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8M5B4AK20L

Erin McClelland for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Erin L McClelland

Primary

General

Other (specify) ▼

Mailing Address

750 Carl Ave

City

State

ZIP Code

New Kensington

PA

15068-4608

Original Amount of Loan

31000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

31000.00

TERMS

Date Incurred

M 09 / D 30 / Y 2013 Y

Date Due

M / D / Y none Y Y Y

Interest Rate

none % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

31000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Erin McClelland for Congress** Transaction ID : VN8M5B4AJG8L

LOAN SOURCE Full Name (Last, First, Middle Initial) Erin L McClelland	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 750 Carl Ave		
City New Kensington	State PA	ZIP Code 15068-4608

Original Amount of Loan 4000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4000.00
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TERMS

Date Incurred M 09 / D 28 / Y 2013	Date Due M / D / Y none	Interest Rate none % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	4000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Erin McClelland for Congress** Transaction ID : VN8M5AB58P9L

LOAN SOURCE Full Name (Last, First, Middle Initial) Erin L McClelland	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 750 Carl Ave		
City New Kensington	State PA	ZIP Code 15068-4608

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
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TERMS

Date Incurred M 06 / D 29 / Y 2013	Date Due M / D / Y none	Interest Rate none % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	15000.00
TOTALS This Period (last page in this line only).....	▶	50000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.