

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Erin McClelland for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

	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))....	29804.98	85363.16
(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))	29804.98	85363.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33934.18	68225.33
(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)).....	33934.18	68225.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	20847.83	
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).....	5400.00	

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).....	17177.96	58485.20
(ii) Unitemized.....	5527.02	14445.92
(iii) TOTAL of contributions from individuals ▶	22704.98	72931.12
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7100.00	7100.00
(d) The Candidate.....	0.00	5332.04
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	29804.98	85363.16
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5400.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5400.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	200.00	200.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	30004.98	90963.16

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33934.18	68225.33
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	770.00	1890.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	34704.18	70115.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	25547.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30004.98
25. SUBTOTAL (add Line 23 and Line 24).....	55552.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34704.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	20847.83

**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 36
	<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)
Richard D Akers

Mailing Address 422 Bob St

City Johnstown State PA Zip Code 15904-2704

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 23 / 2013

Transaction ID : VN8M5B8A5J6

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Richard D Akers

Mailing Address 422 Bob St

City Johnstown State PA Zip Code 15904-2704

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : VN8M5BDK5M3

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Mary K Austin

Mailing Address 1221 Malvern Ave

City Pittsburgh State PA Zip Code 15217-1140

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

Name of Employer Information Requested Occupation Information Requested
 Mary K. Austin, Esq. attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 19 / 2013

Transaction ID : VN8M5B7EXX1

Amount of Each Receipt this Period
 100.00

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

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

700.00

**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 36
	<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)
Raymond N Baum

Mailing Address 2563 Beechwood Blvd

City Pittsburgh State PA Zip Code 15217-2508

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

Name of Employer Pepper Hamilton LLP Occupation Attorney

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
 10 / 13 / 2013

Transaction ID : VN8M5B8A5S9

Amount of Each Receipt this Period
250.00

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

Mailing Address 109 Nantucket Dr

City Pittsburgh State PA Zip Code 15238-1909

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

Name of Employer Paragon Foods Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2095.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 03 / 2013

Transaction ID : VN8M5B8N7W5

Amount of Each Receipt this Period
250.00

* In-Kind: Breakfast Event Costs

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

Mailing Address 1425 Whiteman Street

City Pittsburgh State PA Zip Code 15217

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : VN8M5BD0WQ4

Amount of Each Receipt this Period
250.00

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

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

750.00

**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 36
	<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 B Burkley ESQ

Mailing Address 616 Ridgeway St

City Greensburg State PA Zip Code 15601-3419

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2013

Transaction ID : VN8M5B4Q7R0

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dorothy Burns

Mailing Address 212 Seegar Rd

City Pittsburgh State PA Zip Code 15241-2126

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

Name of Employer Homemaker Occupation Homemaker

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
 12 / 09 / 2013

Transaction ID : VN8M5BNJM45

Amount of Each Receipt this Period
250.00

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 **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : VN8M5BTYVJ6

Amount of Each Receipt this Period
100.00

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

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

450.00

**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 36
	<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 T Connors

Mailing Address 108 Alaqua Dr

City Sewickley State PA Zip Code 15143-9393

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

Name of Employer None Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2013

Transaction ID : VN8M5B4QG6

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
John T Connors

Mailing Address 108 Alaqua Dr

City Sewickley State PA Zip Code 15143-9393

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

Name of Employer None Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : VN8M5BRQ9J8

Amount of Each Receipt this Period
 375.00

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

Mailing Address 1600 Blackburn Heights Dr

City Sewickley State PA Zip Code 15143-8626

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

Name of Employer Self Occupation House Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : VN8M5BD2HW6

Amount of Each Receipt this Period
 250.00

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

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

1125.00

**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 9 OF 36
	<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
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2013

Transaction ID : VN8M5B6WMV5

Amount of Each Receipt this Period
 _____ 100.00

B. 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
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 12 / 2013

Transaction ID : VN8M5BF3KY8

Amount of Each Receipt this Period
 _____ 100.00

C. 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
 _____ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2013

Transaction ID : VN8M5BTTHC8

Amount of Each Receipt this Period
 _____ 100.00

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

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

_____ 300.00

**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 36
	<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)
John Goodrich

Mailing Address 9051 Woodview Dr

City Pittsburgh State PA Zip Code 15237-5101

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

Name of Employer Goodrich PC Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2013

Transaction ID : VN8M5BNAD14

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
William Goodrich

Mailing Address 1415 Termon Ave

City Pittsburgh State PA Zip Code 15212-1842

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

Name of Employer Goodrich and Geist, p. c. Occupation Trial lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 02 / 2013

Transaction ID : VN8M5BDNZ62

Amount of Each Receipt this Period
 300.00

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

Mailing Address 113 Oak Manor Dr

City Natrona Heights State PA Zip Code 15065-1921

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : VN8M5BRQ3B1

Amount of Each Receipt this Period
 500.00

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

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

1300.00

**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 36
	<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)
Michael A Hillebrand

Mailing Address 206 Lou Nita Ct

City Murrysville State PA Zip Code 15668-2609

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

Name of Employer: Huntly & Huntly Occupation: Self

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 11 / 07 / 2013

Transaction ID : VN8M5BE7Q17

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Barbara Jeremiah

Mailing Address 4206 Cheval Blanc Ct

City Allison Park State PA Zip Code 15101-2900

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: 500.00

Date of Receipt: 10 / 22 / 2013

Transaction ID : VN8M5B7Q595

Amount of Each Receipt this Period: 500.00

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

Mailing Address 101 Thousand Oaks Dr

City Pittsburgh State PA Zip Code 15241-1842

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

Name of Employer: WOW Global Occupation: President & Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 12 / 05 / 2013

Transaction ID : VN8M5BN9R60

Amount of Each Receipt this Period: 250.00

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

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

1750.00

**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 36
	<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)
Patrick L Kane

Mailing Address 8 Dunmoyle PI

City Pittsburgh State PA Zip Code 15217-1029

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

Name of Employer UPMC Cancer Center Washington Occupation Oncologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 16 / 2013

Transaction ID : VN8M5BRTEP6

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Patrick L Kane

Mailing Address 8 Dunmoyle PI

City Pittsburgh State PA Zip Code 15217-1029

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

Name of Employer UPMC Cancer Center Washington Occupation Oncologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 16 / 2013

Transaction ID : VN8M5BRTER2

Amount of Each Receipt this Period
2600.00

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

Mailing Address 1168 Murrayhill Ave

City Pittsburgh State PA Zip Code 15217-1042

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

Name of Employer Cohen & Grigsby 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
 12 / 31 / 2013

Transaction ID : VN8M5BV1BX3

Amount of Each Receipt this Period
500.00

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

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

5700.00

**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 13 OF 36
	<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)
Elsa Limbach

Mailing Address 123 Beechmont Rd

City Pittsburgh State PA Zip Code 15206-4513

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

Name of Employer Self Occupation Choreographer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2013

Transaction ID : VN8M5B8A4C6

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
McMillen, Urick, Tocci, Fouse & Jones

Mailing Address 2131 Brodhead Rd

City Aliquippa State PA Zip Code 15001-4669

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : VN8M5BFXQR3

Amount of Each Receipt this Period
 300.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 2131 Brodhead Rd

City Aliquippa State PA Zip Code 15001-4669

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

Name of Employer Occupation
 McMillen, Urick, Tocci, Fouse & Jones Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : VN8M5C3RWW9

Amount of Each Receipt this Period
 300.00

[MEMO ITEM]
*

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

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

550.00

**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 36
	<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)
Heidi Norman

Mailing Address 7440 Ben Hur St

City Pittsburgh State PA Zip Code 15208-2912

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

Name of Employer Imagine If Inc. Occupation IT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **602.96**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2013

Transaction ID : VN8M5BDNSK2

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Heidi Norman

Mailing Address 7440 Ben Hur St

City Pittsburgh State PA Zip Code 15208-2912

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

Name of Employer Imagine If Inc. Occupation IT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **602.96**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2013

Transaction ID : VN8M5BDXJT4

Amount of Each Receipt this Period
 202.96

* In-Kind: Event Materials

C. Full Name (Last, First, Middle Initial)
Stephen O'Donnell

Mailing Address 108 Bradberry Dr

City Monroeville State PA Zip Code 15146-4700

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

Name of Employer North Main Street Investors Occupation President

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
 12 / 09 / 2013

Transaction ID : VN8M5BRQ3F3

Amount of Each Receipt this Period
 250.00

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

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

702.96

**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 36
	<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)
Michael V Quatrini

Mailing Address 454 S Dallas Ave

City State Zip Code
Pittsburgh PA 15208-2819

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

Name of Employer Occupation
Quatrini Rafferty 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
 11 / 18 / 2013

Transaction ID : VN8M5BHVZT4

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Susan Rockman

Mailing Address 5840 Ferree St

City State Zip Code
Pittsburgh PA 15217-1452

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

Name of Employer Occupation
Houston Harbaugh 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
 12 / 04 / 2013

Transaction ID : VN8M5BRQA25

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ellen A. Roth Ph. D.

Mailing Address 6820 Edgerton Ave

City State Zip Code
Pittsburgh PA 15208-2803

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

Name of Employer Occupation
GETTING TO THE POINT, INC. RELOCATION 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
 10 / 30 / 2013

Transaction ID : VN8M5BD76N7

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 36
	<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)
Lowell Steinbrenner

Mailing Address 826 Amberson Ave

City Pittsburgh State PA Zip Code 15232-2191

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 02 / 2013

Transaction ID : VN8M5BDPC44

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Maureen Sweeney ESQ

Mailing Address 1200 Koppers Building

City Pittsburgh State PA Zip Code 15219

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

Name of Employer Information Requested Occupation Information Requested
 Blumling & Gusky LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : VN8M5B6XFD1

Amount of Each Receipt this Period
 250.00

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

Mailing Address 100 Saint Andrews Dr

City Crafton State PA Zip Code 15205-9797

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

Name of Employer Information Requested Occupation Information Requested
 K&L Gates Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 24 / 2013

Transaction ID : VN8M5BRQ9N2

Amount of Each Receipt this Period
 500.00

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

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

1000.00

**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 36
	<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)
Rachel V 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 self employed Occupation self employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2013

Transaction ID : VN8M5B7J7M6

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
James Taylor

Mailing Address 40 Longfellow Rd

City Pittsburgh State PA Zip Code 15215-1524

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

Name of Employer ABARTA Energy Occupation President & CEO

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
 10 / 17 / 2013

Transaction ID : VN8M5B4QES4

Amount of Each Receipt this Period
250.00

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

Mailing Address 768 Pinetree Rd

City Pittsburgh State PA Zip Code 15243-1058

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

Name of Employer self Occupation 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
 11 / 07 / 2013

Transaction ID : VN8M5BE7Q32

Amount of Each Receipt this Period
250.00

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

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

850.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 18 OF 36

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NAME OF COMMITTEE (In Full)
Erin McClelland for Congress

A. Full Name (Last, First, Middle Initial)
Bonnie W. Van Kirk

Mailing Address 1010 Osage Rd

City Pittsburgh State PA Zip Code 15243-1014

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

Name of Employer Self Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2013

Transaction ID : VN8M5AZHXX9

Amount of Each Receipt this Period
 1000.00

B. 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

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).....

1000.00

17177.96

**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 19 OF 36
	<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)
Committee for Kopas

Mailing Address 341 Willow Crossing Rd

City Greensburg State PA Zip Code 15601-9147

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : VN8M5C38PS6

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
COZEN O'CONNOR POLITICAL ACTION COMMITTEE

Mailing Address 1900 Market St

City Philadelphia State PA Zip Code 19103-3527

FEC ID number of contributing federal political committee. **C** C00312777

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2013

Transaction ID : VN8M5BRQ9M4

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Friends of Joe Spanik

Mailing Address 3339 Brodhead Rd Apt 1

City Aliquippa State PA Zip Code 15001-1277

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : VN8M5BFXPX1

Amount of Each Receipt this Period
 250.00

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

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

1350.00

**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 20 OF 36
	<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)
IBEW Political Action Committee

Mailing Address 900 7th St NW

City Washington State DC Zip Code 20001-4089

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 27 / 2013

Transaction ID : VN8M5BK9QC1

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
People Interested in Truth Political Action Committee

Mailing Address 605 College Ave

City Greensburg State PA Zip Code 15601-1528

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 23 / 2013

Transaction ID : VN8M5B8A5G0

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
WOMEN'S CAMPAIGN FORUM

Mailing Address 1900 L St NW Ste 500

City Washington State DC Zip Code 20036-5031

FEC ID number of contributing federal political committee. **C** C00424150

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : VN8M5BTQG22

Amount of Each Receipt this Period
 500.00

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

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

5750.00

7100.00

**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 21 OF 36			
	<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. Anastasia Apa		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 6365 Collins Ave		Amount of Each Disbursement this Period 293.72 Transaction ID : VN7MX9Q33S6
City Miami Beach	State FL	
Zip Code 33141-9620	Purpose of Disbursement reimbursement of expenses	Category/ Type
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. APAFirm, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 6365 Collins Ave 1004		Amount of Each Disbursement this Period 2500.00 Transaction ID : VN7MX9NE9A4
City Miami Beach	State FL	
Zip Code 33141-9620	Purpose of Disbursement Consultant Fees - fundraising	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. APAFirm, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 6365 Collins Ave 1004		Amount of Each Disbursement this Period 2000.00 Transaction ID : VN7MX9Q33H3
City Miami Beach	State FL	
Zip Code 33141-9620	Purpose of Disbursement fundraising consulting	Category/ Type
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).....	4793.72
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 36	
	<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. Elaine Bellin		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 109 Nantucket Dr		Amount of Each Disbursement this Period 250.00 Transaction ID : VN8M5B8N7W5I
City Pittsburgh	State PA	
Zip Code 15238-1909	Purpose of Disbursement Breakfast Event Costs	* In-Kind Received
Candidate Name	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. Comfort Inn & Suites		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 180 Gamma Dr		Amount of Each Disbursement this Period 387.57 Transaction ID : VN7MX9Q5C62
City Pittsburgh	State PA	
Zip Code 15238-2931	Purpose of Disbursement lodging for campaign staff	* In-Kind Received
Candidate Name	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. Creighton Printing, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 917 Freeport Rd		Amount of Each Disbursement this Period 278.20 Transaction ID : VN7MX9MZRR8
City Creighton	State PA	
Zip Code 15030-1049	Purpose of Disbursement Printed Materials	* In-Kind Received
Candidate Name	Category/Type 006	
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).....	915.77
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 36	
	<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. Sudip K Dutta		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 5119 Carolwood Ln		Amount of Each Disbursement this Period 758.60 Transaction ID : VN7MX9MA721
City Durham State NC Zip Code 27713-8061	Purpose of Disbursement Consultant Fees 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:	

Full Name (Last, First, Middle Initial) B. First Data Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 102.32 Transaction ID : VN7MX9Q1MY5
City Fort Lauderdale State FL Zip Code 33340-7066	Purpose of Disbursement credit card processing fees Candidate Name 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. First Data Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 120.95 Transaction ID : VN7MX9Q1MZ3
City Fort Lauderdale State FL Zip Code 33340-7066	Purpose of Disbursement credit card processing fees Candidate Name 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).....	981.87
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 36	
	<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 12 / 03 / 2013
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 110.64
City Fort Lauderdale	State FL	
Zip Code 33340-7066	Purpose of Disbursement credit card processing fees	Transaction ID : VN7MX9Q1N01
Candidate Name	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 10 / 05 / 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 : VN7MX9MA7F4
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:		

Full Name (Last, First, Middle Initial) c. Jason Robert Henry		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address 4901 Cypress St. #2		Amount of Each Disbursement this Period 500.00
City Pittsburgh	State PA	
Zip Code 15224-2152	Purpose of Disbursement Management Consulting Fee	Transaction ID : VN7MX9PXCZ7
Candidate Name	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).....	2610.64
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 36			
	<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 10 / 23 / 2013
Mailing Address 4901 Cypress St. #2		Amount of Each Disbursement this Period 30.00
City Pittsburgh	State PA Zip Code 15224-2152	
Purpose of Disbursement unauthorized cash withdrawal	Candidate Name	Transaction ID : VN7MX9Q1MS5
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Jason Robert Henry		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 4901 Cypress St. #2		Amount of Each Disbursement this Period 500.00
City Pittsburgh	State PA Zip Code 15224-2152	
Purpose of Disbursement Management Consulting Fee	Candidate Name	Transaction ID : VN7MX9PXD05
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:	Category/Type	

Full Name (Last, First, Middle Initial) c. Jason Robert Henry		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 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	Candidate Name	Transaction ID : VN7MX9NCVK9
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:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	2530.00
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 26 OF 36			
	<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 11 / 22 / 2013
Mailing Address 4901 Cypress St. #2		Amount of Each Disbursement this Period 20.00
City Pittsburgh	State PA Zip Code 15224-2152	
Purpose of Disbursement unauthorized cash withdrawals		Transaction ID : VN7MX9Q1MT3
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. Jason Robert Henry		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 4901 Cypress St. #2		Amount of Each Disbursement this Period 20.00
City Pittsburgh	State PA Zip Code 15224-2152	
Purpose of Disbursement unauthorized cash withdrawal		Transaction ID : VN7MX9Q1MV1
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) c. Jason Robert Henry		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2013
Mailing Address 4901 Cypress St. #2		Amount of Each Disbursement this Period 1000.00
City Pittsburgh	State PA Zip Code 15224-2152	
Purpose of Disbursement consultant fee - management		Transaction ID : VN7MX9NX9Q3
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)	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1040.00
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 27 OF 36	
	<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 12 / 01 / 2013
Mailing Address 4901 Cypress St. #2		Amount of Each Disbursement this Period 2000.00 Transaction ID : VN7MX9PXD13
City Pittsburgh	State PA Zip Code 15224-2152	
Purpose of Disbursement management consulting fees		Category/ Type
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 12 / 16 / 2013
Mailing Address 4901 Cypress St. #2		Amount of Each Disbursement this Period 2500.00 Transaction ID : VN7MX9PXD21
City Pittsburgh	State PA Zip Code 15224-2152	
Purpose of Disbursement management consulting fees		Category/ Type
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. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 3050.00 Transaction ID : VN7MX9Q33G5
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Campaign database software		Category/ Type
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).....	7550.00
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 28 OF 36			
	<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. Heidi Norman		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2013
Mailing Address 7440 Ben Hur St		Amount of Each Disbursement this Period 202.96 Transaction ID : VN8M5BDXJT4I
City Pittsburgh	State PA	
Zip Code 15208-2912	Purpose of Disbursement Event Materials	* In-Kind Received
Candidate Name	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. Kelly K O'Donnell		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address 130 Kilbuck Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7MX9MZRN4
City Monroeville	State PA	
Zip Code 15146-4906	Purpose of Disbursement Consulting Fees - fundrasing	* In-Kind Received
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:		

Full Name (Last, First, Middle Initial) c. Kelly K O'Donnell		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 130 Kilbuck Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7MX9MZRM6
City Monroeville	State PA	
Zip Code 15146-4906	Purpose of Disbursement Consulting Fees - fundrasing	* In-Kind Received
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).....	1202.96
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 29 OF 36	
	<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. Kelly K O'Donnell		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 130 Kilbuck Dr		Amount of Each Disbursement this Period 1000.00 Transaction ID : VN7MX9NCVH3
City Monroeville	State PA	
Zip Code 15146-4906	Purpose of Disbursement Consultant Fees - fundraising	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. Kelly K O'Donnell		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 130 Kilbuck Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7MX9NX9P5
City Monroeville	State PA	
Zip Code 15146-4906	Purpose of Disbursement consultant fee - fundraising	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. Kelly K O'Donnell		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 130 Kilbuck Dr		Amount of Each Disbursement this Period 1500.00 Transaction ID : VN7MX9Q33T4
City Monroeville	State PA	
Zip Code 15146-4906	Purpose of Disbursement consulting fee - fundraising	Category/ Type
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).....	3000.00
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 30 OF 36	
	<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. Kelly K O'Donnell		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 130 Kilbuck Dr		Amount of Each Disbursement this Period 1000.00 Transaction ID : VN7MX9Q3F20
City Monroeville	State PA	
Zip Code 15146-4906	Purpose of Disbursement consulting fees - fundraising	Category/ Type
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. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 915 Freeport Rd		Amount of Each Disbursement this Period 75.00 Transaction ID : VN7MX9Q33E9
City Pittsburgh	State PA	
Zip Code 15238-3123	Purpose of Disbursement bank service charge	Category/ Type
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. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 915 Freeport Rd		Amount of Each Disbursement this Period 150.14 Transaction ID : VN7MX9Q33F7
City Pittsburgh	State PA	
Zip Code 15238-3123	Purpose of Disbursement check printing fee	Category/ Type
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).....	1225.14
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 31 OF 36	
	<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. Joseph Scansaroli		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 430 Main St		Amount of Each Disbursement this Period 550.00
City Johnstown	State PA	
Zip Code 15901-1823	Purpose of Disbursement Office deposit	Transaction ID : VN7MX9NX9N7
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. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address P.O. Box 36647-1CR		Amount of Each Disbursement this Period 208.80
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Consultant Travel Costs	Transaction ID : VN7MX9NE989
Candidate Name	002 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. Staples, Pittsburgh		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 6375 Penn Ave., Suite B		Amount of Each Disbursement this Period 470.77
City Pittsburgh	State PA	
Zip Code 15206-4010	Purpose of Disbursement office supplies	Transaction ID : VN7MX9Q5CP9
Candidate Name	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).....	1229.57
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 32 OF 36	
	<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. Turks Investments, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 3201 Morningside Dr		Amount of Each Disbursement this Period 2000.00 Transaction ID : VN7MX9NX9R1
City Allison Park State PA Zip Code 15101-1121	Purpose of Disbursement Office deposit	
Candidate Name	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. Turks Investments, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address 3201 Morningside Dr		Amount of Each Disbursement this Period 2000.00 Transaction ID : VN7MX9Q33R8
City Allison Park State PA Zip Code 15101-1121	Purpose of Disbursement office rent	
Candidate Name	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. Woodfield Group		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 1118 Old Breckenridge Ln		Amount of Each Disbursement this Period 1200.00 Transaction ID : VN7MX9Q33Y5
City Montgomery State AL Zip Code 36117-8961	Purpose of Disbursement consulting fees - compliance	
Candidate Name	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).....	5200.00
TOTAL This Period (last page this line number only).....	32279.67

**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 33 OF 36	
	<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. Allegheny County Democratic Committe

Mailing Address 223 4th Ave
FI 1

City Pittsburgh State PA Zip Code 15222-1717

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 10 / 2013

Amount of Each Disbursement this Period: 150.00

Transaction ID : VN7MX9MA7K5

Category/Type: 012

Full Name (Last, First, Middle Initial)
B. Beaver-Lawrence Central Labor Council

Mailing Address PO Box A

City Beaver State PA Zip Code 15009-0701

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 10 / 2013

Amount of Each Disbursement this Period: 80.00

Transaction ID : VN7MX9MA7H9

Category/Type: 012

Full Name (Last, First, Middle Initial)
c. Central Pennsylvania ALF

Mailing Address 4301 Executive Park Drive

City Harrisburg State PA Zip Code 17111

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 11 / 2013

Amount of Each Disbursement this Period: 240.00

Transaction ID : VN7MX9NCVJ1

Category/Type: 012

SUBTOTAL of Disbursements This Page (optional) 470.00

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 34 OF 36	
	<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. Greater Westmoreland Central Labor Council		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 1 Northgate Sq Ste 219		Amount of Each Disbursement this Period 100.00
City Greensburg	State PA Zip Code 15601-1374	
Purpose of Disbursement Donation	Category/Type 012	Transaction ID : VN7MX9MA7R5
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. Somerset County Democratic Committee		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address PO Box 11		Amount of Each Disbursement this Period 100.00
City Somerset	State PA Zip Code 15501-0011	
Purpose of Disbursement Donation	Category/Type 012	Transaction ID : VN7MX9MA7B2
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).....	200.00
TOTAL This Period (last page this line number only).....	670.00

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 : VN8M5C2KN29L

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 06 /

D 10 /

Y 2013 Y

M /

D /

Y none Y

none % (apr)

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)..... ▶

5000.00

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 : VN8M5C2KND6L

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 400.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 400.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred M 06 / D 10 / Y 2013	Date Due M / D / Y none	Interest Rate none % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	400.00
TOTALS This Period (last page in this line only).....	▶	5400.00

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