



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**Erin McClelland for Congress, Inc.**

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))....	28312.70	135344.83
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	2210.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	28312.70	133134.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	23916.02	128687.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	209.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23916.02	128478.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	29455.10	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	62500.00	

**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, Inc.

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).....	12975.00	94894.86
(ii) Unitemized .....	4337.70	18973.99
(iii) TOTAL of contributions from individuals .....	17312.70	113868.85
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	11000.00	20150.00
(d) The Candidate .....	0.00	1325.98
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	28312.70	135344.83
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.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	209.60
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).....	28312.70	135554.43

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23916.02	128687.70
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	960.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2210.00
21. OTHER DISBURSEMENTS .....	0.00	1025.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	23916.02	131922.70

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	25058.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28312.70
25. SUBTOTAL (add Line 23 and Line 24).....	53371.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23916.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	29455.10

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

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

FOR LINE NUMBER: PAGE 5 OF 32  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 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, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Brian Ahlstrom**

Mailing Address 330 Gardner St

City State Zip Code  
Johnstown PA 15905-2528

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

Name of Employer Occupation  
Self-employed Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

**Transaction ID : VN8M5EPY374**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Janet Anti**

Mailing Address 1117 S Negley Ave

City State Zip Code  
Pittsburgh PA 15217-1047

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

Name of Employer Occupation  
self-employed minister

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : VN8M5EPM5A1**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Richard Baird**

Mailing Address 1218 Hulton Rd

City State Zip Code  
Oakmont PA 15139-1136

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

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2016

**Transaction ID : VN8M5ENJGC4**

Amount of Each Receipt this Period  
 250.00

Memo Item

**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: PAGE 6 OF 32  
(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, Inc.**

**A.** 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 none Occupation none

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : VN8M5EQJZ96**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 227 1st St

City Aspinwall State PA Zip Code 15215-3008

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

Name of Employer Rosen Louik & Perry, P.C. Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : VN8M5EQN5N9**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

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

Mailing Address 36 Newgate Rd

City Pittsburgh State PA Zip Code 15202-1002

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

Name of Employer Allegheny Financial Group Occupation President and Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : VN8M5EQJ5F7**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item

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

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

\_\_\_\_\_ 3250.00

\_\_\_\_\_

**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 32
	<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, Inc.**

**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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2016**

**Transaction ID : VN8M5EPA5S2**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Douglas A. A. Campbell Esq.**

Mailing Address 730 Fairview Rd

City Pittsburgh State PA Zip Code 15238-1704

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

Name of Employer CAMPBELL & LEVINE Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 07 / 2016**

**Transaction ID : VN8M5EK5H05**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Louis Caputo**

Mailing Address 204 5th Ave  
303 Pitt Bldg.

City Pittsburgh State PA Zip Code 15222-2717

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

Name of Employer Caputo & Caputo PC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2016**

**Transaction ID : VN8M5EPZJR7**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**3300.00**

**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 32
	<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, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**R. Lawrence Conley**

Mailing Address 1912 Arden Dr

City Allison Park State PA Zip Code 15101-2804

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : VN8M5EP7EK1**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**R. Lawrence Conley**

Mailing Address 1912 Arden Dr

City Allison Park State PA Zip Code 15101-2804

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : VN8M5EPM4T7**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**J. Kent Culley**

Mailing Address 89 Seldom Seen Rd

City Bradfordwoods State PA Zip Code 15015-1321

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

Name of Employer Tucker Arensberg Occupation attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**Transaction ID : VN8M5EQ72C2**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

**370.00**

**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 32
	<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, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen Dahlkemper**

Mailing Address 530 Seminole Dr

City Erie State PA Zip Code 16505-2428

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

Name of Employer Erie Occupation County executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 15 / 2016**

**Transaction ID : VN8M5EP2FF0**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Bonnie V. Dicarlo**

Mailing Address 6327 Jackson St

City Pittsburgh State PA Zip Code 15206-2231

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

Name of Employer Self Occupation Financial Planner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 27 / 2016**

**Transaction ID : VN8M5EFXX25**

Amount of Each Receipt this Period  
**200.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Garbie Dukas**

Mailing Address 5077 Rosecrest Dr

City Pittsburgh State PA Zip Code 15201-1008

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

Name of Employer Duquesne Light Company Occupation Utility Meter Worker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2016**

**Transaction ID : VN8M5EG3KK7**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

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

**475.00**

**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 32
	<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, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Garbie Duker**

Mailing Address 5077 Rosecrest Dr

City Pittsburgh	State PA	Zip Code 15201-1008
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FEC ID number of contributing federal political committee. **C**

Name of Employer Duquesne Light Company	Occupation Utility Meter Worker
--	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2016

**Transaction ID : VN8M5EM5814**

Amount of Each Receipt this Period  
 25.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Garbie Duker**

Mailing Address 5077 Rosecrest Dr

City Pittsburgh	State PA	Zip Code 15201-1008
--------------------	-------------	------------------------

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

Name of Employer Duquesne Light Company	Occupation Utility Meter Worker
--	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : VN8M5EQKB33**

Amount of Each Receipt this Period  
 25.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Michael Dunn**

Mailing Address 3269 Niagara Sq

City Pittsburgh	State PA	Zip Code 15213-4282
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FEC ID number of contributing federal political committee. **C**

Name of Employer UPMC	Occupation Doctor
--------------------------	----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2016

**Transaction ID : VN8M5EFXX09**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 32
	<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, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Charles E. Evans Esq.**

Mailing Address 5808 Morrowfield Ave

City Pittsburgh State PA Zip Code 15217-2738

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

Name of Employer Meyers Evans & Associates LLC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : VN8M5EQM1D0**

Amount of Each Receipt this Period  
300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Graham S. Finney**

Mailing Address 615 W Hortter St

City Philadelphia State PA Zip Code 19119-3650

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

Name of Employer Retired Occupation management consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2016

**Transaction ID : VN8M5EFXD88**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Graham S. Finney**

Mailing Address 615 W Hortter St

City Philadelphia State PA Zip Code 19119-3650

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

Name of Employer Retired Occupation management consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016

**Transaction ID : VN8M5EM2J06**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

500.00

**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 32
	<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, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Graham S. Finney**

Mailing Address 615 W Hortter St

City Philadelphia State PA Zip Code 19119-3650

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

Name of Employer Retired Occupation management consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

**Transaction ID : VN8M5EPYEQ3**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Robert Haberkost**

Mailing Address 731 Ravenswood Ave

City Pittsburgh State PA Zip Code 15202-1139

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

Name of Employer Aetna Insurance Company Occupation Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : VN8M5EQM1K7**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Regis J. Kingera**

Mailing Address 526 Nimitz Ave  
Apt 620

City State College State PA Zip Code 16801-6413

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

Name of Employer IBEW Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016

**Transaction ID : VN8M5ECKHE1**

Amount of Each Receipt this Period  
 100.00

Memo Item

**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 13 OF 32
	<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, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Regis J. Kingera**

Mailing Address 526 Nimitz Ave  
Apt 620

City State Zip Code  
State College PA 16801-6413

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

Name of Employer Occupation  
IBEW Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2016

**Transaction ID : VN8M5EHRET8**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Regis J. Kingera**

Mailing Address 526 Nimitz Ave  
Apt 620

City State Zip Code  
State College PA 16801-6413

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

Name of Employer Occupation  
IBEW Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : VN8M5ENOV35**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Christine Kissell**

Mailing Address 509 Glenhaven Dr

City State Zip Code  
Glenshaw PA 15116-1923

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2016

**Transaction ID : VN8M5EENTP2**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

400.00

**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 32
	<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, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Fred Kissell**

Mailing Address 509 Glenhaven Dr

City State Zip Code  
Glenshaw PA 15116-1923

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : VN8M5EP7DA8**

Amount of Each Receipt this Period  
400.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**David J Malone**

Mailing Address 444 Liberty Ave  
Ste 750

City State Zip Code  
Pittsburgh PA 15222-1224

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

Name of Employer Occupation  
Gateway Financial Wealth & Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : VN8M5EQM7H4**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Carole O Markus**

Mailing Address 112 Cardiff Rd

City State Zip Code  
Pittsburgh PA 15237-2805

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

Name of Employer Occupation  
MARKWALT,INC CORPORATE SECRETARY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2016

**Transaction ID : VN8M5EK5GY9**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

1600.00

**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 32
	<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, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Carol S McCarthy**

Mailing Address **PO Box 366**

City **Saxonburg** State **PA** Zip Code **16056-0366**

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

Name of Employer **Self Employed** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2016**

**Transaction ID : VN8M5EES8F0**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Clyde McClellan**

Mailing Address **1250 River Rd**

City **Beaver** State **PA** Zip Code **15009-2522**

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

Name of Employer **American Mug & Stein Co.** Occupation **Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : VN8M5EQM5Y3**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Carol McCullough**

Mailing Address **1119 Queensbury St**

City **Pittsburgh** State **PA** Zip Code **15205-3728**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 01 / 2016**

**Transaction ID : VN8M5EMCA57**

Amount of Each Receipt this Period  
**100.00**

Memo Item

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

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

**600.00**

**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 32
	<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, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Carol McCullough</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2016
Mailing Address 1119 Queensbury St		<b>Transaction ID : VN8M5EQ7V59</b>
City Pittsburgh	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel S. Nydick</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2016
Mailing Address 2569 Barnwood Dr		<b>Transaction ID : VN8M5EQ7671</b>
City Wexford	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer avere	Occupation computers	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.12	

Full Name (Last, First, Middle Initial) <b>C. Carol Rosenberger</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2016
Mailing Address 130 Skylark Dr		<b>Transaction ID : VN8M5EQEPJ8</b>
City Glenshaw	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.12	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 32
	<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, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Don Rudberg**

Mailing Address 508 Indian Pine Ln

City Wexford State PA Zip Code 15090-7594

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

Name of Employer Rudberg Law Offices, LLC Occupation Coordinator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : VN8M5EQN094**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Raymond S Schutzman**

Mailing Address 111 Berwyn Rd

City Pittsburgh State PA Zip Code 15237-2803

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

Name of Employer Allegheny Financial Group Occupation Financial Adviser

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016

**Transaction ID : VN8M5ENW6P1**

Amount of Each Receipt this Period  
100.00

Memo Item

\* 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
510.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016

**Transaction ID : VN8M5ENW6P1E**

Amount of Each Receipt this Period  
100.00

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 18 OF 32
	<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, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond S Schutzman**

Mailing Address 111 Berwyn Rd

City State Zip Code  
Pittsburgh PA 15237-2803

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

Name of Employer Occupation  
Allegheny Financial Group Financial Adviser

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : VN8M5EMVPR8**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 111 Hawthorne Rd

City State Zip Code  
Blawnox PA 15238-2322

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

Name of Employer Occupation  
Allegheny County Executive Senior Policy Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**Transaction ID : VN8M5EQ72B4**

Amount of Each Receipt this Period  
500.00

Memo Item

**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

Memo Item

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

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

600.00

12975.00

**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 19 OF 32
	<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, Inc.**

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

Mailing Address 1900 Market St

City	State	Zip Code
Philadelphia	PA	19103-3527

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

Name of Employer	Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : VN8M5EQJ582**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**UA Political Education Committee**

Mailing Address 3 Park Pl

City	State	Zip Code
Annapolis	MD	21401-3687

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer	Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016

**Transaction ID : VN8M5ECR231**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**UA Political Education Committee**

Mailing Address 3 Park Pl

City	State	Zip Code
Annapolis	MD	21401-3687

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer	Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2016

**Transaction ID : VN8M5EMQCQ1**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

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

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

\_\_\_\_\_ 11000.00

\_\_\_\_\_ 11000.00

**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 20 OF 32	
	<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, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Adobe Creative Cloud</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016	
Mailing Address 345 Park Ave			Amount of Each Disbursement this Period 74.19	
City San Jose	State CA	Zip Code 95110-2704	Memo Item <input type="checkbox"/>	
Purpose of Disbursement software		Candidate Name	Transaction ID : VN7MXA1DKE5	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Adobe Creative Cloud</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address 345 Park Ave			Amount of Each Disbursement this Period 74.19	
City San Jose	State CA	Zip Code 95110-2704	Memo Item <input type="checkbox"/>	
Purpose of Disbursement software		Candidate Name	Transaction ID : VN7MXA1DKF3	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>c. Adobe Creative Cloud</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016	
Mailing Address 345 Park Ave			Amount of Each Disbursement this Period 74.19	
City San Jose	State CA	Zip Code 95110-2704	Memo Item <input type="checkbox"/>	
Purpose of Disbursement software		Candidate Name	Transaction ID : VN7MXA1F3M3	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	222.57
<b>TOTAL</b> 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 32	
	<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, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Allegheny County Democratic Committe</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address 223 4th Ave FI 1		Amount of Each Disbursement this Period 60.00
City Pittsburgh	State PA Zip Code 15222-1717	
Purpose of Disbursement contribution	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : VN7MXA1F3Q6</b>

Full Name (Last, First, Middle Initial) <b>B. Allegheny County Democratic Committe</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address 223 4th Ave FI 1		Amount of Each Disbursement this Period 1000.00
City Pittsburgh	State PA Zip Code 15222-1717	
Purpose of Disbursement contribution	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : VN7MXA1F3R4</b>

Full Name (Last, First, Middle Initial) <b>c. Kate Colligan</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 812 Hastings St		Amount of Each Disbursement this Period 1000.00
City Pittsburgh	State PA Zip Code 15217-1335	
Purpose of Disbursement consulting fee - fundraising	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : VN7MXA1CA56</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2060.00
<b>TOTAL</b> 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 32	
	<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, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Kate Colligan</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 812 Hastings St		Amount of Each Disbursement this Period 1000.00
City Pittsburgh	State PA	
Zip Code 15217-1335	Purpose of Disbursement consulting fees- fundraising	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VN7MXA1CA64</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kate Colligan</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 812 Hastings St		Amount of Each Disbursement this Period 1000.00
City Pittsburgh	State PA	
Zip Code 15217-1335	Purpose of Disbursement consulting fees - fundraising	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VN7MXA1G4A5</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Do Drop Inn</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2016
Mailing Address 2615 Newport Road		Amount of Each Disbursement this Period 110.00
City Natrona Heights	State PA	
Zip Code 15065	Purpose of Disbursement food for primary night	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VN7MXA1F3E7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2110.00
<b>TOTAL</b> 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 32	
	<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, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Do Drop Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 2615 Newport Road		Amount of Each Disbursement this Period 415.00
City Natrona Heights	State PA	
Zip Code 15065	Purpose of Disbursement primary night food	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VN7MXA1F3F5</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Data Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 142.81
City Fort Lauderdale	State FL	
Zip Code 33340-7066	Purpose of Disbursement credit card processing fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VN7MXA1CA80</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Data Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 72.13
City Fort Lauderdale	State FL	
Zip Code 33340-7066	Purpose of Disbursement credit card processing fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VN7MXA1CA97</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	629.94
<b>TOTAL</b> 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 32	
	<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, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Google, Inc.</b>			Date of Disbursement MM / DD / YYYY 05 / 03 / 2016	
Mailing Address 1600 Amphitheatre Pkwy			Amount of Each Disbursement this Period 35.00	
City Mountain View	State CA	Zip Code 94043-1351	Memo Item <input type="checkbox"/>	
Purpose of Disbursement app services		Category/ Type	Transaction ID : VN7MXA1DKG1	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Google, Inc.</b>			Date of Disbursement MM / DD / YYYY 06 / 03 / 2016	
Mailing Address 1600 Amphitheatre Pkwy			Amount of Each Disbursement this Period 35.00	
City Mountain View	State CA	Zip Code 94043-1351	Memo Item <input type="checkbox"/>	
Purpose of Disbursement app services		Category/ Type	Transaction ID : VN7MXA1DKH8	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. NGP VAN, Inc.</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2016	
Mailing Address 1101 15th St NW Ste 500			Amount of Each Disbursement this Period 900.00	
City Washington	State DC	Zip Code 20005-5006	Memo Item <input type="checkbox"/>	
Purpose of Disbursement database services		Category/ Type	Transaction ID : VN7MXA1CAB3	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	970.00
<b>TOTAL</b> 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 32	
	<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, Inc.**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 900.00
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement database services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VN7MXA1CAA5</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alexia Olson</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 1338 Knollwood Dr		Amount of Each Disbursement this Period 1292.30
City Monroeville	State PA	
Zip Code 15146-4449	Purpose of Disbursement consulting fees - fundraising/general management	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VN7MXA1F3D9</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 915 Freeport Rd		Amount of Each Disbursement this Period 39.00
City Pittsburgh	State PA	
Zip Code 15238-3123	Purpose of Disbursement bank fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VN7MXA1DKJ6</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2231.30
<b>TOTAL</b> 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 32	
	<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, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 915 Freeport Rd		Amount of Each Disbursement this Period 30.00
City Pittsburgh	State PA	
Zip Code 15238-3123	Purpose of Disbursement bank fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VN7MXA1DKK4</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Print &amp; Copy Center</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2016
Mailing Address 731 Allegheny River Blvd		Amount of Each Disbursement this Period 1081.77
City Verona	State PA	
Zip Code 15147-1301	Purpose of Disbursement printed material	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VN7MXA1DKP8</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Print &amp; Copy Center</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2016
Mailing Address 731 Allegheny River Blvd		Amount of Each Disbursement this Period 184.58
City Verona	State PA	
Zip Code 15147-1301	Purpose of Disbursement printed material	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VN7MXA1DKQ6</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1296.35
<b>TOTAL</b> 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 32	
	<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, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Roger and DeTurck Commercial Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016	
Mailing Address 467 Wildwood Ave			Amount of Each Disbursement this Period 623.81	
City Verona	State PA	Zip Code 15147-1267	<input type="checkbox"/> Memo Item	
Purpose of Disbursement printing - promotional items		Category/ Type	Transaction ID : VN7MXA1F3N0	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Somerset County Democratic Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2016	
Mailing Address PO Box 11			Amount of Each Disbursement this Period 132.00	
City Somerset	State PA	Zip Code 15501-0011	<input type="checkbox"/> Memo Item	
Purpose of Disbursement contribution		Category/ Type	Transaction ID : VN7MXA1F3P8	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Brigid Sullivan</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016	
Mailing Address 516 6th St			Amount of Each Disbursement this Period 7000.00	
City Oakmont	State PA	Zip Code 15139-1616	<input type="checkbox"/> Memo Item	
Purpose of Disbursement consulting fee - general campaign management		Category/ Type	Transaction ID : VN7MXA1CA72	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7755.81
<b>TOTAL</b> 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 32	
	<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, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Brigid Sullivan</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 516 6th St		Amount of Each Disbursement this Period 3750.00
City Oakmont	State PA	
Zip Code 15139-1616	Purpose of Disbursement consulting fee - general campaign management	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VN7MXA1G497</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wall Street Journal</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 1211 Avenue Of The Americas		Amount of Each Disbursement this Period 32.99
City New York	State NY	
Zip Code 10036-8701	Purpose of Disbursement newspaper	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VN7MXA1DKM2</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wall Street Journal</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 1211 Avenue Of The Americas		Amount of Each Disbursement this Period 32.99
City New York	State NY	
Zip Code 10036-8701	Purpose of Disbursement newspaper	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VN7MXA1DKN0</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3815.98
<b>TOTAL</b> 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 32	
	<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, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Woodfield Group</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 10 / 2016</b>
Mailing Address 1118 Old Breckenridge Ln		Amount of Each Disbursement this Period <b>2400.00</b>
City <b>Montgomery</b>	State <b>AL</b>	
Zip Code <b>36117-8961</b>	Purpose of Disbursement consulting fee - compliance	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VN7MXA1CA48</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		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	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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) <b>C.</b>		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	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>23491.95</b>

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

NAME OF COMMITTEE (In Full) Transaction ID : VN8M5C2KN29L  
 Erin McClelland for Congress, Inc.

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item Erin R McClelland	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 918 Carlisle St	

City	State	ZIP Code
Natrona Hts	PA	15065-1014

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 M / D D / Y none Y Y	none % (apr)	<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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="5000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>

**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) Transaction ID : VN8M5C2KND6L  
 Erin McClelland for Congress, Inc.

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item Erin R McClelland	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 918 Carlisle St	

City	State	ZIP Code
Natrona Hts	PA	15065-1014

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 10 / Y 2013 Y	M M / D D / Y Y Y Y Y none	none % (apr)	<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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="400.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="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.	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Erin McClelland for Congress, Inc.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Charles A Pascal Jr</b>	Nature of Debt (Purpose): Legal services - petition challenge
Mailing Address 402 Grant Ave	
City State Zip Code Leechburg PA 15656-1312	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VN5PD9HC289</b>	
Amount Incurred This Period 22100.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 22100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Stokes, Wasser and Wheeler, LLP</b>	Nature of Debt (Purpose): This obligation is a disputed claim as to which liability is denied, related to a prior campaign.
Mailing Address 712 Brookline Blvd Apt 2	
City State Zip Code Pittsburgh PA 15226-2164	

Outstanding Balance Beginning This Period 35000.00	<b>Transaction ID : VN5PD9H9T47</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 35000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	57100.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	57100.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	5400.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	62500.00