

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b> 20240047		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>	<b>LOBBYIST</b>	
<b>Name of Filing Committee, Candidate or Lobbyist:</b> Committee to Elect Erin McClelland								
<b>Street Address:</b> 924 PAINTER AVENUE								
<b>City:</b> NATRONA HEIGHTS				<b>State:</b> PA		<b>Zip Code:</b> 15065		
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY POST-	3.	AMENDMENT REPORT? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION POST-	6.	TERMINATION REPORT? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2024	<b>FILING METHOD ( ) CHECK ONE</b>		<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b> <input type="checkbox"/>	
<b>Name of Office Sought by Candidate:</b>				<b>DATE OF ELECTION</b>		<b>District Number</b>	<b>Office Code</b>	
				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>Party Code</b>	<b>County Code</b>
				11	5	2024	(SEE INSTRUCTIONS FOR CODES)	
<b>Summary of Receipts and Expenditures from:</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
	1	1	2024		3	4	2024	
<b>A. Amount Brought Forward From Last Report</b>				\$ 106,159.00				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>				\$ 5,175.00				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>				\$ 111,334.00				
<b>D. Total Expenditures (From Schedule III)</b>				\$ 9,568.11				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>				\$ 101,765.89				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>				\$ 0.00				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>				\$ 100,000.00				

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Committee to Elect Erin McClelland	From: <u>1/1/2024</u> To: <u>3/4/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 25.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 350.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 350.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 4,800.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 4,800.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 5,175.00
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**PART B**  
**ALL OTHER CONTRIBUTIONS**

**\$50.01 TO \$250.00**

**Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A)**

<b>Name of Filing Committee or Candidate</b> Committee to Elect Erin McClelland	<b>Reporting Period</b> <b>From:</b> <u>1/1/2024</u> <b>To:</b> <u>3/4/2024</u>
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DATE				AMOUNT
<b>Full Name of Contributor</b> Suzanne Caplan				
<b>Mailing Address</b> 2926 Espy Ave				
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152162017		
		2	22	2024
				\$ 250.00

<b>Full Name of Contributor</b> Fred Solis				
<b>Mailing Address</b> 20 Stanwix St Ste 700				
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152221353		
		2	23	2024
				\$ 100.00

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

<b>PAGE TOTAL</b>
\$ 350.00

**PART C**

# Contributions Received From Political Committees

## OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>
\$ 0.00

**PART D**  
**ALL OTHER CONTRIBUTIONS**  
**OVER \$250.00**

**Use this Part to itemize all other contributions with an aggregate value of  
over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C.)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Committee to Elect Erin McClelland	<b>From:</b> <u>1/1/2024</u> <b>To:</b> <u>3/4/2024</u>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 2,000.00
Sandra Jones				1	28	2024	
Mailing Address 121 Oak Manor Dr		City Natrona Heights					
Employer Name Retired				Occupation Retired			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
121 Oak Manor Dr			Natrona Heights		PA		150651949
Full Name of Contributor				MO	DAY	YEAR	\$ 1,000.00
JUDITH M Von Seldeneck				2	26	2024	
Mailing Address 2005 Market St Ste 3300		City Philadelphia					
Employer Name Diversified Search				Occupation Chairman			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
2005 Market StSte 3300			Philadelphia		PA		191037041
Full Name of Contributor				MO	DAY	YEAR	\$ 300.00
Vera H Swiergol				1	27	2024	
Mailing Address 382 Donnell Rd		City New Kensington					
Employer Name Pittsburgh International Telecommunications				Occupation Accounting Assistant			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
201 Browntown Rd			New Kensington		PA		150689249
Full Name of Contributor				MO	DAY	YEAR	\$ 500.00
Catherine V Mott				1	11	2024	
Mailing Address 79 Plummer McCullough Rd		City Mercer					
Employer Name Not Employed				Occupation Not Employed			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
79 Plummer Mccullough Rd			Mercer		PA		161374947

<b>Full Name of Contributor</b> Gail Klingensmith			<b>MO</b> 2	<b>DAY</b> 28	<b>YEAR</b> 2024	<b>\$</b> 1,000.00
<b>Mailing Address</b> 4204 Cheval Blanc Ct						
<b>City</b> Allison Park	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 151012900				
<b>Employer Name</b> Hotcakes inc			<b>Occupation</b> Rest mgmt			
<b>Employer Mailing Address/Principal Place of Business</b> 4204 Cheval Blanc Ct		<b>City</b> Allison Park	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 151012900		

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

<b>PAGE TOTAL</b>
<b>\$</b> 4,800.00

## PART E OTHER RECEIPTS

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.**

**Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

<b>PAGE TOTAL</b>
\$ 0.00



## SCHEDULE II

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS  
DURING THE REPORTING PERIOD.**

**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
Committee to Elect Erin McClelland		From: <u>1/1/2024</u> To: <u>3/4/2024</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

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**SCHEDULE II**  
**PART G**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

## SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Committee to Elect Erin McClelland	From <u>1/1/2024</u> To: <u>3/4/2024</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
5th Ward Democratic Executive Committee				
<b>Mailing Address</b> 603 N American St	1	25	2024	\$ 250.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191232960	<b>Description of Expenditure</b> Donation	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
ActBlue				
<b>Mailing Address</b> 366 Summer St	1	4	2024	\$ 7.50
<b>City</b> Somerville	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 021443132	<b>Description of Expenditure</b> Financial Services	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
ActBlue				
<b>Mailing Address</b> 366 Summer St	2	5	2024	\$ 7.88
<b>City</b> Somerville	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 021443132	<b>Description of Expenditure</b> Financial Services	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Amoco Gas State				
<b>Mailing Address</b> 304 Virginia Ave	2	12	2024	\$ 49.61
<b>City</b> Mount Washington	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152111514	<b>Description of Expenditure</b> Fuel	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Commonwealth of Pennsylvania				
<b>Mailing Address</b> 302 North St Ofc BLDG	2	10	2024	\$ 200.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171200100	<b>Description of Expenditure</b> Petition filing Fee	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Crowne Plaza Harrisburg-Hershey				
<b>Mailing Address</b> 23 S 2nd St	2	15	2024	\$ 179.29
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171012004	<b>Description of Expenditure</b> Hotel	

To Whom Paid			MO	DAY	YEAR	\$ 27.03
Crowne Plaza Harrisburg-Hershey			2	15	2024	
Mailing Address 23 S 2nd St						
City Harrisburg	State PA	Zip Code (Plus 4) 171012004	Description of Expenditure Hotel			
To Whom Paid			MO	DAY	YEAR	\$ 800.00
Fogo de Ch?o Brazilian Steakhouse			1	4	2024	
Mailing Address 525 Smithfield St						
City Pittsburgh	State PA	Zip Code (Plus 4) 152222303	Description of Expenditure Event Sponsorship			
To Whom Paid			MO	DAY	YEAR	\$ 4,155.00
Keystone Political Advising, LLC			1	25	2024	
Mailing Address 2021 Ogden St						
City Philadelphia	State PA	Zip Code (Plus 4) 191301422	Description of Expenditure Consulting Fee			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
PA Dem Latino Caucus Org			1	1	2024	
Mailing Address 1653 Lititz Pike # 207						
City Lancaster	State PA	Zip Code (Plus 4) 176016507	Description of Expenditure Donation			
To Whom Paid			MO	DAY	YEAR	\$ 1,425.00
Rodney Pearson			2	12	2024	
Mailing Address 6644 N 20th St						
City Philadelphia	State PA	Zip Code (Plus 4) 191383117	Description of Expenditure Petition Consultant			
To Whom Paid			MO	DAY	YEAR	\$ 3.00
PNC Bank			1	2	2024	
Mailing Address 915 Freeport Rd						
City Pittsburgh	State PA	Zip Code (Plus 4) 152383123	Description of Expenditure Bank Fee			
To Whom Paid			MO	DAY	YEAR	\$ 3.00
PNC Bank			2	1	2024	
Mailing Address 915 Freeport Rd						
City Pittsburgh	State PA	Zip Code (Plus 4) 152383123	Description of Expenditure Bank Fee			
To Whom Paid			MO	DAY	YEAR	\$ 15.00
PNC Bank			3	1	2024	
Mailing Address 915 Freeport Rd						
City Pittsburgh	State PA	Zip Code (Plus 4) 152383123	Description of Expenditure Bank Fee			

<b>To Whom Paid</b> Rogers & DeTruck Printing			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,918.51
<b>Mailing Address</b> 467 Wildwood Ave			2	2	2024	
<b>City</b> Verona	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 151471267	<b>Description of Expenditure</b> Printing			

<b>To Whom Paid</b> Vantiv Ecommerce			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 3.71
<b>Mailing Address</b> 8500 Governors Hill Dr			1	9	2024	
<b>City</b> Symmes Twp	<b>State</b> OH	<b>Zip Code (Plus 4)</b> 452491384	<b>Description of Expenditure</b> Financial Services			

<b>To Whom Paid</b> Vantiv Ecommerce			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 13.58
<b>Mailing Address</b> 8500 Governors Hill Dr			2	9	2024	
<b>City</b> Symmes Twp	<b>State</b> OH	<b>Zip Code (Plus 4)</b> 452491384	<b>Description of Expenditure</b> Financial Services			

<b>To Whom Paid</b> Woodlands Resorts			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 10.00
<b>Mailing Address</b> 1073 PA-315			2	27	2024	
<b>City</b> Wilkes Barre	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18702	<b>Description of Expenditure</b> Parking Fee			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 9,568.11

**SCHEDULE IV**  
**STATEMENT OF UNPAID DEBTS**  
Use this Section to itemize all unpaid debts and obligations  
which are outstanding at the end of the reporting period

<b>Name of Filing Committee or Candidate</b>  Committee to Elect Erin McClelland	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2024</u> <b>To:</b> <u>3/4/2024</u>
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				DATE			Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	
Erin R McClelland							
Mailing Address				12	30	2023	\$ 100,000.00
City		State		Zip Code (Plus 4)		Description of Debt	
Natrona Heights		PA		150652446		Loan Received	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL
							\$ 100,000.00