UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, えつんュ・フのより / シンコーン Sold States and new employees MAY	MAY 1 6 2013	Page 1 of 4
Name: Fr. McV//// Davtime Telephone: 2013 MAY 23 PH 3: 01	2013 KAY 23 PH 3: 01	
VIII III Common	ce Use Only)	
Candidate for the State: PA Date of PC/many Check if House of Representatives District: La Election: 5-2014 Amendment	y shall be a	sessed
Employing Office:	days late.	WIIO
in all sections, please type or print clearly in blue or black ink.		
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes V  No III. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  If yes, complete and attach Schedule IV.	Yes	
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  Yes No With an outside entity?  If yes, complete and attach Schedule V.	Yes	<u>s</u>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes Wo Will Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule VI.	Yes 🔲	- P
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	sponse.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	UESTIONS	-
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	Yes 🔲	S S
<b>EXEMPTION</b> — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	֓֟֓֓֓֓֓֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓	J

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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: Military pay (such as National Guard or Heselve pay), rederal retirement programs, and benefits received under the Social Security Act.  Amount	irement programs, and benefits re	eceived under the Social Sec	unt
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Arche Wellness LLC	Salam	125,750.00	\$66,950
Parasan Foods	Some Solary	\$73, 875.04	D/44 387
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All Savings	DC, Examples: Simon & Schuster  1st Bank of Paducah, KY accounts	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (CC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.	BLOCK A  Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the spe- cific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed.
×	Indefinite	\$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	В С О П П G Н —	BLOCK B  Value of Asset  Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
× ×	Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		BLOCK C  Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the plans or IRAs), you may check the lax-Deferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as Income. Check "None" if the asset generated no income during the reporting period.
× × ×	××	\$2,501 - \$5,000	Current Year Preceding Year	Amount of Income  For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

## SCHEDULE III — LIABILITIES

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ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

					JT D SP,	
			FAM BUDIK	Example: First Bank of Wilmington, DE	Creditor	
			9/2011	May 1998	Date Liability Incurred mo/year	1
	•	Somet On Frugat By	marty year loties liver	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
			·		\$10,001— \$15,000	
					\$15,001— \$50,000	
			<b>*</b>	_	\$50,001— \$100,000 <b>?</b> \$100,001— —	
				×	\$250,000	nom
				$\vdash$	\$500,000 TT	nt of L
				H	\$1,000,000 TI	Amount of Liability
			ļ	<u> </u>	\$5,000,000 <b>u</b> \$5,000,001— <b>T</b> \$25,000,000	
					\$25,000,001—_ \$50,000,000	
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## SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

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Position	Name of Organization
Executive Director	Archi allaess
Broad Minder	Pittplungh Unlin Magnet Protect