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A \$200 penalty shall be assessed against any individual who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES		FORM B	
FINANCIAL DISCLOSURE STATEMENT		For New Members, Candidates, and New Employees	
Name: <u>Erin McElleand</u>		Daytime Telephone: _____	
PLURAL STATES	<input type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>PA</u> District: <u>12</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> Candidates - Date of Election: <u>Nov 4 2014</u>		
<input type="checkbox"/> New Officer or Employee Employing Office: _____		Period Covered: January 1, 2014 to <u>July 12, 2014</u>	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? OR</p> <p>b. Have more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>F. Do you have any reportable agreements or arrangements with an outside entity?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>B. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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 the report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTIONS - 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.

Yes ☐ No ☒

NAME: Erin McAllister NO. 205

RECENT LEGISLATION AND REGULATORY DEVELOPMENTS: The 2013 law on details earned income for Members and employees compensated at or above the "senior staff" rate was 520,000. It is unchanged in 2014. In addition, certain types of income (namely honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Use additional sheets if more space is required

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Erin McFelland

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BLOCK A		BLOCK B													BLOCK C					BLOCK D																										
Assets and/or Income Sources		Value of Asset													Type of Income					Amount of Income																										
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset, or source of income which generated more than \$200 in unearned income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, list 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 unearned income during the reporting period); and any financial interest in, or income derived from, a deferred retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP), or dependent child (DC), or jointly held with anyone (JT) in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and included only because it generated income, the value should be "None." Column M is for assets held by your spouse or dependent child in which you have no interest.													Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be checked as income. Check "None" if the asset generated no income during the reporting period.					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 checked as income for assets held in taxable accounts. Check "None" if no income was earned or generated. Column XII is for assets held by your spouse or dependent child in which you have no interest.																										
	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	None	DIVIDENDS	INTEREST	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
Example: Mega Corp Stock																																														
Example: Simon & Schuster																																														
Example: ABC Hedge Fund																																														
401K																																														

Use additional sheets if more space is required.

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the following items if more space is required.

SCHEDULE D - LIABILITIES

Name:

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Show the highest amount owed during the reporting period. Report liabilities secured by real property including mortgages on your personal residence. Exclude: Any mortgage on your personal residence (unless you are a tenant); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$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	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	Chase		Automobile		✓									
	F+M Bank		Mortgage (land)			✓								
	Discover		Revolving	✓										

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. Report positions held in the reporting period and the current calendar year. Two-year positions and non-employee report positions held in the current calendar year and two previous years.

Position	Name of Organization
President	Arche Wellness

Use additional sheets if more space is required.