

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

BILL SHUSTER FOR CONGRESS

ADDRESS (number and street)

PO BOX 27

Check if different than previously reported. (ACC)

HOLLIDAYSBURG

PA

16648

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00364935

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

PA

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2016

through

M M / D D / Y Y Y Y

09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

KILGORE, PAUL, A, ,

Type or Print Name of Treasurer

Signature of Treasurer

KILGORE, PAUL, A, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
BILL SHUSTER FOR CONGRESS

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)).... | 443769.27 | 3529540.53 |
| (b) Total Contribution Refunds (from Line 20(d)) | 1200.00 | 5100.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 442569.27 | 3524440.53 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 285675.10 | 2748563.06 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 1567.60 | 5032.60 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 284107.50 | 2743530.46 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 969992.58 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

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 05/2016)

Write or Type Committee Name

BILL SHUSTER FOR CONGRESS

Report Covering the Period: From: / / To: / /

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 146600.00 | 1321853.64 |
| (ii) Unitemized..... | 1180.00 | 21178.47 |
| (iii) TOTAL of contributions from individuals ▶ | 147780.00 | 1343032.11 |
| (b) Political Party Committees..... | 0.00 | 250.00 |
| (c) Other Political Committees (such as PACs)..... | 295989.27 | 2186258.42 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 443769.27 | 3529540.53 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 7083.33 |
| 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.) | 1567.60 | 5032.60 |
| 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)..... ▶ | 445336.87 | 3541656.46 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 200

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 285675.10 | 2748563.06 |
| 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 | 2900.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 1200.00 | 2200.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 1200.00 | 5100.00 |
| 21. OTHER DISBURSEMENTS | 80895.85 | 285847.60 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 367770.95 | 3039510.66 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 892426.66 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 445336.87 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1337763.53 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 367770.95 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 969992.58 |

**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 200
(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)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALDRIDGE, KENNETH, , ,

Mailing Address 844 E ROCKLAND RD

City LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer ALDRIDGE GROUP Occupation CHAIRMAN

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
 08 / 03 / 2016

Transaction ID : SA11AI.113803

Amount of Each Receipt this Period
 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ANDREWS, GARNETT, L., ,

Mailing Address 16206 WRIGHT CIRCLE

City OMAHA State NE Zip Code 68130

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
 08 / 03 / 2016

Transaction ID : SA11AI.113811

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BARKOWSKI, MARK, , ,

Mailing Address 18051 JOHN CHARLES DR

City ORLAND PARK State IL Zip Code 60467

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

Name of Employer FH PASCHEN Occupation VICE PRESIDENT

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
 08 / 03 / 2016

Transaction ID : SA11AI.113805

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 200
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BAUGH, TERRY, L., ,

Mailing Address 204 PARKWOOD BLVD

City WEST MONROE State LA Zip Code 71292

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
09 / 26 / 2016

Transaction ID : SA11AI.114236

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BETSWORTH, KATE, , ,

Mailing Address 17717 CASTELAR CIRCLE

City OMAHA State NE Zip Code 68130

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

Name of Employer UNION PACIFIC Occupation EXECUTIVE

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
07 / 24 / 2016

Transaction ID : SA11AI.113715

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BISSO OFFSHORE, LLC

Mailing Address 1 WALNUT ST

City NEW ORLEANS State LA Zip Code 70118

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

Name of Employer Occupation

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
09 / 26 / 2016

Transaction ID : SA11AI.114241

Amount of Each Receipt this Period
500.00

Memo Item
NO ITEMIZATION NECESSARY

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

TOTAL 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: PAGE 7 OF 200
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BOND, BENTON, , ,

Mailing Address 1322 NEELEY DR

City HOUSTON State TX Zip Code 77055

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

Name of Employer UNION PACIFIC Occupation ATTORNEY

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
08 / 03 / 2016

Transaction ID : SA11AI.113818

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BORDELON, BENJAMIN, G, ,

Mailing Address 3513 HIGHWAY 308

City RACELAND State LA Zip Code 70394

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

Name of Employer BOLLINGER SHIPYARDS Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : SA11AI.114211

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BRIGNAC, SUE, , ,

Mailing Address 100 HUMMINGBIRD LN

City SUNSET State LA Zip Code 70584

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
09 / 26 / 2016

Transaction ID : SA11AI.114238

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 200
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRONCZEK, DAVID, , MR.,
Mailing Address 5965 RIVER OAKS

| | | |
|-----------------|-------------|-------------------|
| City MEMPHIS | State TN | Zip Code 38120 |
|-----------------|-------------|-------------------|

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

| | |
|---------------------------|-----------------------------|
| Name of Employer FEDEX | Occupation PRESIDENT/CEO |
|---------------------------|-----------------------------|

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
08 / 24 / 2016

Transaction ID : SA11AI.113910

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BRONCZEK, JUDITH, M, ,
Mailing Address 5965 RIVER OAKS RD

| | | |
|-----------------|-------------|-------------------|
| City MEMPHIS | State TN | Zip Code 38120 |
|-----------------|-------------|-------------------|

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

| | |
|--------------------------|-------------------------|
| Name of Employer NONE | Occupation HOMEMAKER |
|--------------------------|-------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2016

Transaction ID : SA11AI.113904

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BRUENING, KENNETH, , ,
Mailing Address 3303 S 188TH AVE

| | | |
|---------------|-------------|-------------------|
| City OMAHA | State NE | Zip Code 68130 |
|---------------|-------------|-------------------|

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

| | |
|--|------------------------------|
| Name of Employer UNION PACIFIC RAILROAD | Occupation CHIEF ENGINEER |
|--|------------------------------|

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
07 / 18 / 2016

Transaction ID : SA11AI.113676

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 5900.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRUNALLI, JOHN, A, ,
Mailing Address 95 BELLEVIEW AVE.
City SOUTHINGTON State CT Zip Code 06489
FEC ID number of contributing federal political committee. C
Name of Employer THE BRUNALLI CONSTRUCTION COMPANY Occupation EXECUTIVE
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
09 / 26 / 2016
Transaction ID : SA11AI.114206
Amount of Each Receipt this Period
1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
BUCHANAN, DEE, , ,
Mailing Address 2604 VALLEY DRIVE
City ALEXANDRIA State VA Zip Code 22302
FEC ID number of contributing federal political committee. C
Name of Employer OGILVY GOVERNMENT RELATIONS Occupation PRINCIPAL
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
07 / 18 / 2016
Transaction ID : SA11AI.113684
Amount of Each Receipt this Period
500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
CAFERO, LAWRENCE, F., , JR,
Mailing Address 6 WEED AVE
City NORWALK State CT Zip Code 06850
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 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2016
Transaction ID : SA11AI.114202
Amount of Each Receipt this Period
250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00
TOTAL 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: PAGE 10 OF 200
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CARTER, ROBERT, B, ,

Mailing Address 942 S SHADY GROVE RD

| | | |
|-----------------|-------------|-------------------|
| City MEMPHIS | State TN | Zip Code 38119 |
|-----------------|-------------|-------------------|

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

| | |
|---------------------------|-------------------------|
| Name of Employer FEDEX | Occupation EXECUTIVE |
|---------------------------|-------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2016

Transaction ID : SA11AI.113909

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CAVANAGH, SEAN, , ,

Mailing Address 23 LINDSAY DRIVE

| | | |
|-------------------|-------------|-------------------|
| City UNIONTOWN | State PA | Zip Code 15401 |
|-------------------|-------------|-------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED |
|---|-------------------------------------|

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
09 / 19 / 2016

Transaction ID : SA11AI.114162

Amount of Each Receipt this Period
1000.00

Memo Item
IN-KIND: ADVERTISING

C. Full Name (Last, First, Middle Initial)
CHAPMAN, DAVID, , ,

Mailing Address 19 JENDA WAY

| | | |
|-----------------|-------------|-------------------|
| City MADISON | State CT | Zip Code 06443 |
|-----------------|-------------|-------------------|

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

| | |
|--|------------------------------|
| Name of Employer BLAKESLEE ARPAIA CHAPMAN | Occupation CIVIL ENGINEER |
|--|------------------------------|

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
09 / 26 / 2016

Transaction ID : SA11AI.114203

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 4700.00 |
| TOTAL 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: PAGE 11 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHATELAIN, CHARLES, , ,
 Mailing Address PO BOX 159
 City CARENCRE State LA Zip Code 70520
 FEC ID number of contributing federal political committee. C
 Name of Employer DELTA NETWORK Occupation BROADCASTER
 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
 09 / 26 / 2016
Transaction ID : SA11AI.114213
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
CHLOPECKI, JULIE, , ,
 Mailing Address 1547 EVERS DR
 City MC LEAN State VA Zip Code 22101
 FEC ID number of contributing federal political committee. C
 Name of Employer XENOPHON STRATEGIES Occupation PARTNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1403.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : SA11AI.114124
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
CIMINI, PETER, J, ,
 Mailing Address 71 HUNTERS RIDGE
 City ROCKY HILL State CT Zip Code 06067
 FEC ID number of contributing federal political committee. C
 Name of Employer CAPITOL STRATEGIES GROUP, LLC Occupation EXECUTIVE
 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
 09 / 26 / 2016
Transaction ID : SA11AI.114221
 Amount of Each Receipt this Period
 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2750.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CLARK, MICHAEL, , MR.,
 Mailing Address 1300 PENNSYLVANIA AVENUE NW
 SUITE 700
 City WASHINGTON State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SURMONT LLC Occupation PRESIDENT
 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
 07 / 20 / 2016
Transaction ID : SA11AI.113698
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
CLARK, STEPHEN, B, ,
 Mailing Address 9273 LERWICK DR.
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CLARK LYTLE GEDULDIG CRANFORD Occupation SENIOR MANAGING PARTNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016
Transaction ID : SA11AI.113690
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
CLOWER, TODD, G., ,
 Mailing Address 3801 N CAUSEWAY BLVD
 STE 310
 City METAIRIE State LA Zip Code 70002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 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
 09 / 26 / 2016
Transaction ID : SA11AI.114229
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

2250.00

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

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

FOR LINE NUMBER: PAGE 13 OF 200
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CONALLEN, MICHAEL, , ,

Mailing Address 27 EDEN ROC

City NEW HOPE State PA Zip Code 18938

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

Name of Employer PENNONI ASSOCIATES Occupation MANAGER, BUSINESS DEVELOPMENT

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
07 18 2016

Transaction ID : SA11AI.113673

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
COONEY, PAUL, A, ,

Mailing Address PO BOX 246

City CRESSON State PA Zip Code 16630

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

Name of Employer NONE Occupation 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
08 18 2016

Transaction ID : SA11AI.113881

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
COREY, TIMOTHY, , ,

Mailing Address 50 KENNEDY PLAZA STE. 1500

City PROVIDENCE State RI Zip Code 02903

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

Name of Employer HINCKLEY ALLEN Occupation PARTNER

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
09 26 2016

Transaction ID : SA11AI.114226

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 200
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEUPREE, WILLIAM, W, , JR.

Mailing Address 4043 SHORE LANE

City BOCA GRANDE State FL Zip Code 33921

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
08 / 24 / 2016

Transaction ID : SA11AI.113906

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DEVAL OFFSHORE LLC

Mailing Address 2244 SWISCO RD

City SULPHUR State LA Zip Code 70665

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

Name of Employer Occupation

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
09 / 26 / 2016

Transaction ID : SA11AI.114214

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DEVAL, JOSEPH, A., , JR.

Mailing Address 755 MAGAZINE ST

City NEW ORLEANS State LA Zip Code 70130

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

Name of Employer DEVAL OFFSHORE Occupation PARTNER

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
09 / 26 / 2016

Transaction ID : SA11AI.114215

Amount of Each Receipt this Period
1000.00

Memo Item

PARTNERSHIP DEVAL OFFSHORE LLC

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

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

2000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEVIERNO, JOHN, A., ,
 Mailing Address 9417 BYEFORDE RD
 City KENSINGTON State MD Zip Code 20895
 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 ▼
 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2016
Transaction ID : SA11AI.114216
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
DUCKER, MICHAEL, L., ,
 Mailing Address 5535 CENTER HILL RD
 City COLLIERVILLE State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FEDEX FREIGHT Occupation PRESIDENT & CEO
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2016
Transaction ID : SA11AI.113903
 Amount of Each Receipt this Period
 2700.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
DUPRE, REGGIE, , ,
 Mailing Address 201 ENERGY PARKWAY STE. 500
 City LAFAYETTE State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUPRE LOGISTICS Occupation CEO
 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
 09 / 26 / 2016
Transaction ID : SA11AI.114212
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s)
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Detailed Summary Page

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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELLIS, ROBERT, , ,

Mailing Address 301 NE 2ND AVE

City PORTLAND State OR Zip Code 97232

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

Name of Employer UNION PACIFIC Occupation MANAGER

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
 07 / 24 / 2016

Transaction ID : SA11AI.113716

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ELMORE, DOYLE, W., ,

Mailing Address 203 BENT TREE TR

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
 09 / 26 / 2016

Transaction ID : SA11AI.114237

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FAERBER, TOD, W., ,

Mailing Address 115 N BRANDON DR

City GLENDALE HEIGHTS State IL Zip Code 60139

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

Name of Employer DUNNET BAY CONSTRUCTION Occupation CONSTRUCTION

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
 08 / 03 / 2016

Transaction ID : SA11AI.113809

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 17 OF 200
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FAISON, OLGA, M.,
 Mailing Address 2120 STONEBRIDGE LN
 City CHARLOTTE State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : SA11AI.114125
 Amount of Each Receipt this Period
 2700.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
FAISON, JAY, W.,
 Mailing Address 1355 GREENWOOD CLIFFS
 STE 301
 City CHARLOTTE State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CLEARPATH FOUNDATION Occupation CEO
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : SA11AI.114126
 Amount of Each Receipt this Period
 2700.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
FELDER, CHERYL, ,
 Mailing Address 235 BROADWAY ST.
 City NEW ORLEANS State LA Zip Code 70118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHANNEL SHIPYARD COMPANY INC Occupation VICE PRESIDENT
 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
 09 / 26 / 2016
Transaction ID : SA11AI.114230
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 6400.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 18 OF 200
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FERGUSON, RHONDA, , ,
 Mailing Address 37110 BROADSTONE DR
 City SOLON State OH Zip Code 44139
 FEC ID number of contributing federal political committee. C
 Name of Employer UNION PACIFIC Occupation EXECUTIVE
 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
 07 / 24 / 2016
Transaction ID : SA11AI.113718
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
FLAHERTY, BRIAN, J., ,
 Mailing Address 21 NEILL DR.
 City WATERTOWN State CT Zip Code 06795
 FEC ID number of contributing federal political committee. C
 Name of Employer CBIA Occupation EXECUTIVE
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2016
Transaction ID : SA11AI.114210
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
FLETCHER, JAMES, K., ,
 Mailing Address 18921 WINTERWOOD CT
 City BATON ROUGE State LA Zip Code 70817
 FEC ID number of contributing federal political committee. C
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 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
 09 / 26 / 2016
Transaction ID : SA11AI.114232
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s)
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 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FORTNER, ROLAND, T, ,

Mailing Address 22428 HOMESTEAD ROAD

City ELKHORN State NE Zip Code 68022

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

Name of Employer UNION PACIFIC RAILROAD Occupation MARKETING & SALES

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
07 / 18 / 2016

Transaction ID : SA11AI.113678

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FRITZ, IANCE, , ,

Mailing Address 8532 HICKORY ST

City OMAHA State NE Zip Code 68124

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

Name of Employer UNION PACIFIC Occupation CEO

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
07 / 25 / 2016

Transaction ID : SA11AI.113784

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GALLAGHER, CHARLES, J, MR.,

Mailing Address 3550 WILLIAMS LANE

City CRETE State IL Zip Code 60417

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

Name of Employer GALLAGHER INDUSTRIES Occupation CHAIRMAN

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
08 / 03 / 2016

Transaction ID : SA11AI.113802

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

TOTAL 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

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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GALLIKER, LOUIS, G, ,
 Mailing Address 922 LUZERNE ST
 City JOHNSTOWN State PA Zip Code 15905
 FEC ID number of contributing federal political committee. C
 Name of Employer GALLIKER DAIRY COMPANY Occupation PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2016
Transaction ID : SA11AI.113970
 Amount of Each Receipt this Period
 2700.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
GARRISON, GREGORY, , ,
 Mailing Address 1904 MALLARD VIEW CIRCLE
 City PAPILLION State NE Zip Code 68046
 FEC ID number of contributing federal political committee. C
 Name of Employer UNION PACIFIC RAILROAD Occupation MANAGER
 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
 07 / 24 / 2016
Transaction ID : SA11AI.113709
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
GARRITY, WILLIAM, F, ,
 Mailing Address 6 MEADOWLARK RD.
 City WEST SIMSBURY State CT Zip Code 06092
 FEC ID number of contributing federal political committee. C
 Name of Employer GARRITY ASPHALT RECLAIMING, INC. Occupation CONSTRUCTION
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2016
Transaction ID : SA11AI.114204
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

4200.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEDULDIG, SAM, , ,

Mailing Address 1001 PENNSYLVANIA AVE. NW
SUITE 750 SOUTH

City WASHINGTON State DC Zip Code 20004

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

Name of Employer CLARK LYTTLE GEDULDIG CRANFORD Occupation PARTNER

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
07 / 20 / 2016

Transaction ID : SA11AI.113688

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GELORMINO, THOMAS, A., ,

Mailing Address PO BOX 104

City TORRINGTON State CT Zip Code 06790

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

Name of Employer VET'S EXPLOSIVES INC Occupation PRESIDENT

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
09 / 22 / 2016

Transaction ID : SA11AI.114117

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GIBLIN, CHRISTOPHER, M, MR.,

Mailing Address 1304 CHANCEL PLACE

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer OGILVY GOVERNMENT RELATIONS Occupation SENIOR VICE PRESIDENT

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
07 / 18 / 2016

Transaction ID : SA11AI.113672

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2500.00

**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 22 OF 200 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GLENN, MICHAEL, , ,

Mailing Address 45 S PISGAH

| | | |
|--------------|-------------|-------------------|
| City EADS | State TN | Zip Code 38028 |
|--------------|-------------|-------------------|

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

| | |
|---------------------------|---------------------------------------|
| Name of Employer FEDEX | Occupation MARKETING & DEVELOPMENT |
|---------------------------|---------------------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

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|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 08 / 24 / 2016 |

Transaction ID : SA11AI.113908

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GRAF, ALAN, B, , JR.

Mailing Address 3609 CLASSIC DR S

| | | |
|-----------------|-------------|-------------------|
| City MEMPHIS | State TN | Zip Code 38125 |
|-----------------|-------------|-------------------|

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

| | |
|--------------------------|-------------------|
| Name of Employer FDEX | Occupation CFO |
|--------------------------|-------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 08 / 24 / 2016 |

Transaction ID : SA11AI.113902

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GRAU, AARON, L, ,

Mailing Address 110 ROYALBROOKE DR

| | | |
|-----------------|-------------|-------------------|
| City VENETIA | State PA | Zip Code 15367 |
|-----------------|-------------|-------------------|

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

| | |
|--|------------------------|
| Name of Employer COHEN AND GRIGSBY PC | Occupation DIRECTOR |
|--|------------------------|

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 |
| 07 / 20 / 2016 |

Transaction ID : SA11AI.113694

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 5650.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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FOR LINE NUMBER: PAGE 23 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GREEN, ROBERT, J, MR.,
 Mailing Address 8026 PARK OVERLOOK DR
 City: BETHESDA State: MD Zip Code: 20817
 FEC ID number of contributing federal political committee: C
 Name of Employer: NATIONAL RETAIL FEDERATION Occupation: V.P. - GOVERNMENT & POLITICAL AFFAIRS
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.114285
 Amount of Each Receipt this Period: 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
HAMBERGER, EDWARD, R., ,
 Mailing Address 2000 S OCEAN BLVD
 APT 304
 City: DELRAY BEACH State: FL Zip Code: 33483
 FEC ID number of contributing federal political committee: C
 Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.114286
 Amount of Each Receipt this Period: 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
HANSEN, DOUGLAS, C, ,
 Mailing Address 3016 RIDGE RD
 City: NORTH HAVEN State: CT Zip Code: 06473
 FEC ID number of contributing federal political committee: C
 Name of Employer: WI CLARK Occupation: EXECUTIVE
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 2000.00

Date of Receipt: 09 / 26 / 2016
Transaction ID : SA11AI.114222
 Amount of Each Receipt this Period: 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00
TOTAL 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: PAGE 24 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HAYNES LIFE FLIGHT LLC
 Mailing Address PO BOX 1515
 City WETUMPKA State AL Zip Code 36092
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2016
Transaction ID : SA11AI.114205
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
HAYNES, TONY, , ,
 Mailing Address PO BOX 1515
 City WETUMPKA State AL Zip Code 36092
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 HAYNES LIFE FLIGHT LLC PARTNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2016
Transaction ID : SA11AI.114249
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 PARTNERSHIP HAYNES LIFE FLIGHT LLC

C. Full Name (Last, First, Middle Initial)
HICKS, KEVIN, , ,
 Mailing Address 8427 S 103RD ST
 City LA VISTA State NE Zip Code 68128
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 UNION PACIFIC ENGINEER
 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
 07 / 24 / 2016
Transaction ID : SA11AI.113711
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL 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: PAGE 25 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HILL, DAVID, B, , III

Mailing Address 395 W LAKE STREET

City: ELMHURST State: IL Zip Code: 60120

FEC ID number of contributing federal political committee: C

Name of Employer: SUPERIOR AIR-GROUND AMBULANCE SERV Occupation: CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2700.00

Date of Receipt: 09 / 22 / 2016

Transaction ID : SA11AI.114108

Amount of Each Receipt this Period: 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HOBBS, DAVID, W, ,

Mailing Address 300 NEW JERSEY AVE. NW, STE. 601

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: C

Name of Employer: THE HOBBS GROUP Occupation: PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2000.00

Date of Receipt: 09 / 26 / 2016

Transaction ID : SA11AI.114217

Amount of Each Receipt this Period: 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HYDER, HASON, , ,

Mailing Address 704 N 159TH ST

City: OMAHA State: NE Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: UNION PACIFIC Occupation: ASSISTANT VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 03 / 2016

Transaction ID : SA11AI.113820

Amount of Each Receipt this Period: 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 4200.00

TOTAL 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: PAGE 26 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
IRWIN, BRIAN, , ,
 Mailing Address 329 SYLVAN OAKES DRIVE
 City HOLLIDAYSBURG State PA Zip Code 16648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IRWIN FINANCIAL 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
 09 / 18 / 2016
Transaction ID : SA11AI.114038
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
KAISER, JOHN, E, ,
 Mailing Address 3320 N 134TH CIR
 City OMAHA State NE Zip Code 68164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNION PACIFIC Occupation MANAGEMENT
 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
 08 / 03 / 2016
Transaction ID : SA11AI.113817
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
KANIA, ROB, , ,
 Mailing Address 1616 COOK SCHOOL ROAD
 City UPPER ST. CLAIR State PA Zip Code 15241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KANIA ENTERPRISES Occupation MANAGER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2016
Transaction ID : SA11AI.114314
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 IN-KIND: OFFICE EQUIPMENT

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL 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: PAGE 27 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KELLY, MARK, K, ,
Mailing Address 55 WEST RD.
City EASTON State CT Zip Code 06612
FEC ID number of contributing federal political committee. **C**
Name of Employer SAFETY MARKETING Occupation PRESIDENT
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
09 / 26 / 2016
Transaction ID : SA11AI.114225
Amount of Each Receipt this Period
1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
KENDRICK, RANDY, P, ,
Mailing Address 3964 E PARADISE VIEW DR.
City PARADISE VALLEY State AZ Zip Code 85253
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 11 / 2016
Transaction ID : SA11AI.113994
Amount of Each Receipt this Period
2700.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
KEYSTONE PLAZA
Mailing Address 200 E PLEASANT VALLEY BLVD
City ALTOONA State PA Zip Code 16602
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
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
08 / 18 / 2016
Transaction ID : SA11AI.113882
Amount of Each Receipt this Period
500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4200.00
TOTAL 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: PAGE 28 OF 200
(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SERVELLO, DAVID, F, ,

Mailing Address 1500 HARRISON AVE

| | | |
|-----------------|-------------|-------------------|
| City ALTOONA | State PA | Zip Code 16602 |
|-----------------|-------------|-------------------|

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

| | |
|------------------------------------|-----------------------|
| Name of Employer KEYSTONE PLAZA | Occupation PARTNER |
|------------------------------------|-----------------------|

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
08 / 18 / 2016

Transaction ID : SA11AI.113888

Amount of Each Receipt this Period
500.00

Memo Item

PARTNERSHIP KEYSTONE PLAZA

B. Full Name (Last, First, Middle Initial)
KIEF, CORY, H, ,

Mailing Address 721 ROSEDOWN DRIVE

| | | |
|-------------------|-------------|-------------------|
| City THIBODAUX | State LA | Zip Code 70301 |
|-------------------|-------------|-------------------|

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

| | |
|---------------------------------|------------------------|
| Name of Employer CROSBY TUGS | Occupation DIRECTOR |
|---------------------------------|------------------------|

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
09 / 22 / 2016

Transaction ID : SA11AI.114107

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KIRCHHOEFER, KARI, ANN, ,

Mailing Address 1445 NORTH 143RD AVE CIRCLE

| | | |
|---------------|-------------|-------------------|
| City OMAHA | State NE | Zip Code 68154 |
|---------------|-------------|-------------------|

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

| | |
|-----------------------------------|-------------------------|
| Name of Employer UNION PACIFIC | Occupation EXECUTIVE |
|-----------------------------------|-------------------------|

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
07 / 24 / 2016

Transaction ID : SA11AI.113714

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 2500.00 |
| TOTAL 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: PAGE 29 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KUEHNE, FRANCES, B., ,
 Mailing Address 424 TIFFANY DR
 City RIVER RIDGE State LA Zip Code 70123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 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
 09 / 26 / 2016
Transaction ID : SA11AI.114228
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
LANDRY, SHARON, , ,
 Mailing Address 203 SILVER OAK LN
 City BROUSSARD State LA Zip Code 70518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2016
Transaction ID : SA11AI.114233
 Amount of Each Receipt this Period
 1500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
LAPIDES, JOHN, S., ,
 Mailing Address 217 SAINT RONAN ST
 City NEW HAVEN State CT Zip Code 06511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNITED ALUMINUM CORP Occupation MANUFACTURER
 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
 09 / 26 / 2016
Transaction ID : SA11AI.114209
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2800.00
TOTAL 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 30 OF 200 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LAWSON, LIISA, , ,

Mailing Address 8 BURNING OAK TRAIL

| | | |
|--------------------------|-------------|-------------------|
| City BARRINGTON HILLS | State IL | Zip Code 60010 |
|--------------------------|-------------|-------------------|

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

| | |
|--|------------------------------|
| Name of Employer UNION PACIFIC RAILROAD | Occupation PUBLIC AFFAIRS |
|--|------------------------------|

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
07 / 20 / 2016

Transaction ID : SA11AI.113707

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LEISS TOOL & DIE

Mailing Address 801 N PLEASANT AVE.

| | | |
|------------------|-------------|-------------------|
| City SOMERSET | State PA | Zip Code 15501 |
|------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 14 / 2016

Transaction ID : SA11AI.113669

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LEISS, PETER, , ,

Mailing Address 633 GILMORE RD

| | | |
|------------------|-------------|-------------------|
| City SOMERSET | State PA | Zip Code 15501 |
|------------------|-------------|-------------------|

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

| | |
|--------------------------------------|---------------------|
| Name of Employer LEISS TOOL & DIE | Occupation OWNER |
|--------------------------------------|---------------------|

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
07 / 14 / 2016

Transaction ID : SA11AI.113670

Amount of Each Receipt this Period
1000.00

Memo Item

PARTNERSHIP LEISS TOOL & DIE

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 31 OF 200
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LISCHER, THOMAS, , ,

Mailing Address 630 NORTH 156TH AVE

City OMAHA State NE Zip Code 68118

FEC ID number of contributing federal political committee. C

Name of Employer UNION PACIFIC RAILROAD Occupation OPERATIONS

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
07 18 2016

Transaction ID : SA11AI.113683

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LITZINGER, VERNON, E, ,

Mailing Address 975 LOCKE MOUNTAIN RD

City HOLLIDAYSBURG State PA Zip Code 16648

FEC ID number of contributing federal political committee. C

Name of Employer PACKAGING SERVICES Occupation PRESIDENT

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
07 25 2016

Transaction ID : SA11AI.113721

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LORIG, DAVID, H, ,

Mailing Address 181 N ENID LANE

City NORTHFIELD State IL Zip Code 60093

FEC ID number of contributing federal political committee. C

Name of Employer LORIG CONSTRUCTION Occupation PRESIDENT

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
08 03 2016

Transaction ID : SA11AI.113806

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

TOTAL 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: PAGE 32 OF 200
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LUJAN, WESLEY, J, ,

Mailing Address 5114 WEDGEWOOD WAY

City: ROCKLIN State: CA Zip Code: 95765

FEC ID number of contributing federal political committee: C

Name of Employer: UNION PACIFIC Occupation: VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 03 / 2016

Transaction ID : SA11AI.113816

Amount of Each Receipt this Period: 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MARIAN, THOMAS, P., ,

Mailing Address 43 FOREST GREEN TRL

City: KINGWOOD State: TX Zip Code: 77339

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2500.00

Date of Receipt: 09 / 26 / 2016

Transaction ID : SA11AI.114227

Amount of Each Receipt this Period: 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MATHER, LINWOOD, S, , III

Mailing Address PO BOX 108

City: CANTON CENTER State: CT Zip Code: 06020

FEC ID number of contributing federal political committee: C

Name of Employer: MATHER CORPORATION Occupation: PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 26 / 2016

Transaction ID : SA11AI.114208

Amount of Each Receipt this Period: 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

TOTAL 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 33 OF 200 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MATTOON, DANIEL, J, ,

Mailing Address 6344 CAVALIER CORRIDOR

| | | |
|----------------------|-------------|-------------------|
| City FALLS CHURCH | State VA | Zip Code 22044 |
|----------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer MATTOON & ASSOCIATES | Occupation PRESIDENT |
|--|-------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.114284

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MCCABE, PATRICK, E, ,

Mailing Address 36 TRUMBULL ST.

| | | |
|------------------|-------------|-------------------|
| City HARTFORD | State CT | Zip Code 06103 |
|------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer CAPITOL STRATEGIES GROUP, LLC | Occupation PRINCIPAL |
|---|-------------------------|

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
09 / 26 / 2016

Transaction ID : SA11AI.114220

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MCELWEE, GEORGE, , ,

Mailing Address 2547 S KENMORE CT

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22206 |
|-------------------|-------------|-------------------|

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

| | |
|---|----------------------------------|
| Name of Employer COMMONWEALTH STRATEGIC PARTNERS | Occupation GOVERNMENT AFFAIRS |
|---|----------------------------------|

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
07 / 18 / 2016

Transaction ID : SA11AI.113682

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)..... ▶

1500.00

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

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

FOR LINE NUMBER: PAGE 34 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MCGAVOCK, BRIAN, , ,
 Mailing Address 6915 SANDWEDGE POINT CT
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNION PACIFIC Occupation EXECUTIVE
 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
 07 / 24 / 2016
Transaction ID : SA11AI.113710
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
MCNAUGHTON, JENNIFER, K, ,
 Mailing Address 4564 LAWN AVE
 City WESTON SPRINGS State IL Zip Code 60558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer K-5 CONSTRUCTION Occupation EXECUTIVE
 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
 08 / 03 / 2016
Transaction ID : SA11AI.113808
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
MILLER, JONATHAN, E, MR.,
 Mailing Address 2425 N OTTAWA ST
 City ARLINGTON State VA Zip Code 22205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VOLVO GROUP NORTH AMERICA Occupation PRESIDENT
 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
 09 / 30 / 2016
Transaction ID : SA11AI.114312
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL 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: PAGE 35 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MILNE, JOHN, D., ,
Mailing Address 409 G ST SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer MWH AMERICAS PAC Occupation EXECUTIVE

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
 09 / 26 / 2016

Transaction ID : SA11AI.114219

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MONTE, ASBEL, A., , II
Mailing Address 305 RUE BORDEAUX

City CARENCRO State LA Zip Code 70520

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
 09 / 26 / 2016

Transaction ID : SA11AI.114239

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MOORE, SCOTT, DALE, ,
Mailing Address 9803 ASCOT DR

City OMAHA State NE Zip Code 68114

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

Name of Employer UNION PACIFIC Occupation EXECUTIVE

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
 07 / 26 / 2016

Transaction ID : SA11AI.113786

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

TOTAL 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: PAGE 36 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MORONGO BAND OF MISSION INDIANS
 Mailing Address 12700 PUMARRA RD
 City BANNING State CA Zip Code 92220
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016
Transaction ID : SA11AI.113706
 Amount of Each Receipt this Period
 1500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
MORRISON, ROBERT, R, ,
 Mailing Address 7613 LEAWOOD ST
 City PAPILLION State NE Zip Code 68046
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 UNION PACIFIC RAILROAD POLICE
 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
 08 / 03 / 2016
Transaction ID : SA11AI.113815
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
MULAC, JAMES, , ,
 Mailing Address 219 FOREST RIDGE ROAD
 City INDIANA State PA Zip Code 15701
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 INDIANA ANESTHESIA ASSOCIATES ANESTHESIOLOGIST
 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
 09 / 11 / 2016
Transaction ID : SA11AI.113995
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL 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: PAGE 37 OF 200
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
OLIN, TERRY, , ,

Mailing Address 202 FOREST DR

City BELLEVUE State NE Zip Code 68005

FEC ID number of contributing federal political committee. C

Name of Employer UNION PACIFIC RAILROAD Occupation LABOR RELATIONS

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
07 / 20 / 2016

Transaction ID : SA11AI.113708

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ONEGLIA, RAYMOND, R, ,

Mailing Address 112 WALL ST.

City TORRINGTON State CT Zip Code 06790

FEC ID number of contributing federal political committee. C

Name of Employer O&G INDUSTRIES INC. Occupation VICE CHAIRMAN

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
09 / 26 / 2016

Transaction ID : SA11AI.114207

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
OSORNO, GARY, , ,

Mailing Address PO BOX 2283

City KENNER State LA Zip Code 70065

FEC ID number of contributing federal political committee. C

Name of Employer ACCUTRANS, INC. Occupation PRESIDENT

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
09 / 26 / 2016

Transaction ID : SA11AI.114231

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

TOTAL 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 38 OF 200 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PARKER, MICHAEL, W, ,

Mailing Address 5124 CHICAGO ST

| | | |
|---------------|-------------|-------------------|
| City OMAHA | State NE | Zip Code 68132 |
|---------------|-------------|-------------------|

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

| | |
|-----------------------------------|---------------------------------|
| Name of Employer UNION PACIFIC | Occupation MARKETING & SALES |
|-----------------------------------|---------------------------------|

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
07 / 18 / 2016

Transaction ID : SA11AI.113677

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PATTEN, GARRETT, , ,

Mailing Address 635 W LAKE STREET

| | | |
|------------------|-------------|-------------------|
| City ELMHURST | State IL | Zip Code 60126 |
|------------------|-------------|-------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED |
|---|-------------------------------------|

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
09 / 01 / 2016

Transaction ID : SA11AI.113969

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PEMRICK, KEITH, J., ,

Mailing Address 1758 U ST NW #1

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20009 |
|--------------------|-------------|-------------------|

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

| | |
|---|-----------------------|
| Name of Employer COMMONWEALTH STRATEGIC PARTNERS | Occupation PARTNER |
|---|-----------------------|

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
07 / 24 / 2016

Transaction ID : SA11AI.113713

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| TOTAL 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: PAGE 39 OF 200
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PERSSON, HAROLD, SCOTT, ,
Mailing Address 111 AUGUSTA DR

City: HOLLIDAYSBURG State: PA Zip Code: 16648

FEC ID number of contributing federal political committee: C

Name of Employer: DEPT OF VETERANS AFFAIRS Occupation: POLICE OFFICER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 07 / 2016
Transaction ID : SA11AI.113823

Amount of Each Receipt this Period: 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PHARR, MARK, R., ,
Mailing Address 101 BONNER DR

City: LAFAYETTE State: LA Zip Code: 70508

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 26 / 2016
Transaction ID : SA11AI.114234

Amount of Each Receipt this Period: 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PLOTE, DANIEL, R, MR.,
Mailing Address 830 SEERS DRIVE

City: SCHAUMBURG State: IL Zip Code: 60173

FEC ID number of contributing federal political committee: C

Name of Employer: PLOTE PROPERTIES Occupation: PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 03 / 2016
Transaction ID : SA11AI.113801

Amount of Each Receipt this Period: 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

TOTAL 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: PAGE 40 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAU, KAREN, E, ,
 Mailing Address 407 REDWOOD DR
 City COUNCIL BLFS State IL Zip Code 51503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNION PACIFIC Occupation MANAGEMENT
 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
 08 / 03 / 2016
Transaction ID : SA11AI.113814
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
REYES, MARCOS, G, ,
 Mailing Address 15515 CRAWFORD AVE
 City MARKHAM State IL Zip Code 60428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REYES GROUP Occupation PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2016
Transaction ID : SA11AI.113804
 Amount of Each Receipt this Period
 750.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
RICHARDS, CHRISTINE, P, ,
 Mailing Address 8855 MEMPHIS ARLINGTON RD
 City ARLINGTON State TN Zip Code 38002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FEDEX Occupation GENERAL COUNSEL
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2016
Transaction ID : SA11AI.113905
 Amount of Each Receipt this Period
 2700.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3950.00
TOTAL 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: PAGE 41 OF 200
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHARDS, DANIEL, R, ,

Mailing Address 8855 MEMPHIS ARLINGTON RD

City ARLINGTON State TN Zip Code 38002

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

Name of Employer DR CONSULTING Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
2700.00

Date of Receipt
08 / 24 / 2016

Transaction ID : SA11AI.113907

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
RICHARDSON, CRAIG, , ,

Mailing Address 9371 ALCOSTA PLACE

City HIGHLANDS RANCH State CO Zip Code 80126

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

Name of Employer UNION PACIFIC Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
500.00

Date of Receipt
07 / 24 / 2016

Transaction ID : SA11AI.113717

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ROBERTS, ROD, C, ,

Mailing Address 6034 W COURTYARD DR STE. 205

City AUSTIN State TX Zip Code 78730

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

Name of Employer SELF EMPLOYED Occupation OIL & GAS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
2700.00

Date of Receipt
08 / 11 / 2016

Transaction ID : SA11AI.113867

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5900.00

TOTAL 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: PAGE 42 OF 200
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROCK, MICHAEL, A, ,

Mailing Address 1331 CASSIA ST

City: **HERNDON** State: **VA** Zip Code: **20170**

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

Name of Employer: **UNION PACIFIC CORPORATION** Occupation: **LOBBYIST**

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
08 / 03 / 2016

Transaction ID : SA11AI.113813

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ROCK, KATHLEEN, , ,

Mailing Address 37W600 YORK LANE

City: **ELGIN** State: **IL** Zip Code: **60124**

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

Name of Employer: **INFORMATION REQUESTED** Occupation: **INFORMATION REQUESTED**

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
08 / 03 / 2016

Transaction ID : SA11AI.113807

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ROWLAND, JAMES, A, ,

Mailing Address 232 8TH STREET SE

City: **WASHINGTON** State: **DC** Zip Code: **20003**

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

Name of Employer: **INFORMATION REQUESTED** Occupation: **INFORMATION REQUESTED**

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
07 / 20 / 2016

Transaction ID : SA11AI.113691

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)..... ▶

3500.00

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

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

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(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SANTA YNEZ BAND OF MISSION INDIANS

Mailing Address PO BOX 517

City State Zip Code
SABTA YBEZ CA 93460

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 22 2016

Transaction ID : SA11AI.114128

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SCHENENDORF, JACK, L, ,

Mailing Address 4707 MORGAN DR

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer Occupation
COVINGTON & BURLING ATTORNEY

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
09 30 2016

Transaction ID : SA11AI.114271

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SCOTT, NEIL, , ,

Mailing Address 5135 STIRLING ST

City State Zip Code
GRANITE BAY CA 95746

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

Name of Employer Occupation
UNION PACIFIC RR EXECUTIVE

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
07 18 2016

Transaction ID : SA11AI.113675

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

TOTAL 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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCOTT, CAMERON, A, ,
Mailing Address 2124 S 190 CIR

City OMAHA State NE Zip Code 68130

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

Name of Employer UNION PACIFIC Occupation COO

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
 08 / 03 / 2016

Transaction ID : SA11AI.113819

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SHAKOPEE MDEWAKANTON SIOUX COMMUNITY
Mailing Address 2330 SIOUX TRAIL NW

City PRIOR LAKE State MN Zip Code 55372

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

Name of Employer Occupation

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
 08 / 18 / 2016

Transaction ID : SA11AI.113880

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SHEA, PHILIP, E, ,
Mailing Address 1313 PICKWICK CT

City NAPERVILLE State IL Zip Code 60563

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2016

Transaction ID : SA11AI.113810

Amount of Each Receipt this Period
 450.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ **3650.00**

TOTAL 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 45 OF 200 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHUMACK, TUCKER, C, ,

Mailing Address 2346 S NASH ST

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22202 |
|-------------------|-------------|-------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED |
|---|-------------------------------------|

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
07 / 20 / 2016

Transaction ID : SA11AI.113693

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SMITH, FREDERICK, W, ,

Mailing Address 649 SWEETBRIAR RD.

| | | |
|-----------------|-------------|-------------------|
| City MEMPHIS | State TN | Zip Code 38120 |
|-----------------|-------------|-------------------|

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

| | |
|---------------------------|-------------------|
| Name of Employer FEDEX | Occupation CEO |
|---------------------------|-------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2016

Transaction ID : SA11AI.113900

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SMITH, DIANE, , ,

Mailing Address 942 S SHADY GROVE RD

| | | |
|-----------------|-------------|-------------------|
| City MEMPHIS | State TN | Zip Code 38120 |
|-----------------|-------------|-------------------|

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

| | |
|--------------------------|-------------------------|
| Name of Employer NONE | Occupation HOMEMAKER |
|--------------------------|-------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2016

Transaction ID : SA11AI.113901

Amount of Each Receipt this Period
2700.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5900.00 |
| TOTAL 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: PAGE 46 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SONNIER, MICHAEL, P., ,
 Mailing Address 201 HUNDRED OAKS DR
 City YOUNGSVILLE State LA Zip Code 70592
 FEC ID number of contributing federal political committee. C
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 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
 09 / 26 / 2016
Transaction ID : SA11AI.114235
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
STEELE, JASON, , ,
 Mailing Address 18510 LAFAYETTE CIRCLE
 City ELKHORN State NE Zip Code 68022
 FEC ID number of contributing federal political committee. C
 Name of Employer UNION PACIFIC Occupation MARKETING
 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
 07 / 24 / 2016
Transaction ID : SA11AI.113712
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
STIPICEVIC, JOHN, A, ,
 Mailing Address 1312 SOUTH CAROLINA AVE SE
 City WASHINGTON State DC Zip Code 20003
 FEC ID number of contributing federal political committee. C
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 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
 07 / 20 / 2016
Transaction ID : SA11AI.113689
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00
TOTAL 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: PAGE 47 OF 200
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SUZIO, HENRY, , MR.,

Mailing Address PO BOX 748

City MERIDEN State CT Zip Code 06450

FEC ID number of contributing federal political committee. C

Name of Employer L. SUZIO CONCRETE Occupation SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : SA11AI.114224

Amount of Each Receipt this Period
2750.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THRASHER, BRADLEY, A, ,

Mailing Address 17318 MICKY DR

City BELLEVUE State NE Zip Code 68123

FEC ID number of contributing federal political committee. C

Name of Employer UNION PACIFIC Occupation MARKETING AND SALES

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
08 / 03 / 2016

Transaction ID : SA11AI.113812

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
TORRES, DANIEL, , ,

Mailing Address 5303 OSPREY OAK

City SAN ANTONIO State TX Zip Code 78253

FEC ID number of contributing federal political committee. C

Name of Employer UNION PACIFIC Occupation TRANSPORTATION

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
07 / 18 / 2016

Transaction ID : SA11AI.113686

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4150.00

TOTAL 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: PAGE 48 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TORRES, DANIEL, , ,
 Mailing Address 5303 OSPREY OAK
 City SAN ANTONIO State TX Zip Code 78253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNION PACIFIC Occupation TRANSPORTATION
 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
 07 / 18 / 2016
Transaction ID : SA11AI.113687
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
TRYON, WARREN, J, MR.,
 Mailing Address 216 9TH STREET SE
 City WASHINGTON State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RR&G Occupation CONSULTANT
 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
 07 / 20 / 2016
Transaction ID : SA11AI.113692
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
VITARELLI, RICHARD, F, ,
 Mailing Address 22 CARDINAL DR.
 City GLASTONBURY State CT Zip Code 06033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JACKSON LEWIS Occupation PARTNER
 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
 09 / 26 / 2016
Transaction ID : SA11AI.114223
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **1600.00**
TOTAL 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: PAGE 49 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WALKER, ROBERT, S, ,
 Mailing Address 609 WILLOW GRN
 City LITITZ State PA Zip Code 17543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WEXLER & WALKER PPA Occupation CHAIRMAN - FORMER CONGRESSMAN
 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
 09 / 26 / 2016
Transaction ID : SA11AI.114218
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
WATTERS, ROBB, , ,
 Mailing Address 1030 15TH ST NW
 City WASHINGTON State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE MADISON GROUP Occupation FOUNDER
 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
 08 / 07 / 2016
Transaction ID : SA11AI.113821
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
WHITE, JACQUELINE, , ,
 Mailing Address 13806 TREGARON DR
 City BELLEVUE State NE Zip Code 68123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNION PACIFIC RAILROAD Occupation AVP MARKETING AND SALES
 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
 07 / 26 / 2016
Transaction ID : SA11AI.113785
 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)..... ▶

1500.00

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 50 OF 200 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILBOURN, CHAD, , ,

Mailing Address 24125 ALDINE WESTFIELD

| | | |
|----------------|-------------|-------------------|
| City SPRING | State TX | Zip Code 77373 |
|----------------|-------------|-------------------|

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

| | |
|-----------------------------------|------------------------------|
| Name of Employer UNION PACIFIC | Occupation VICE PRESIDENT |
|-----------------------------------|------------------------------|

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
07 / 18 / 2016

Transaction ID : SA11AI.113674

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WOOD, ROBERT, , ,

Mailing Address 813 VICAR LANE

| | | |
|--------------------|-------------|-------------------|
| City ALEXANDRIA | State VA | Zip Code 22302 |
|--------------------|-------------|-------------------|

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

| | |
|-----------------------------------|--------------------------|
| Name of Employer BGR GROUP LLC | Occupation 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
09 / 30 / 2016

Transaction ID : SA11AI.114257

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
YESCALIS, JESS, , ,

Mailing Address 513 WEST CAMPBELL AVE

| | | |
|-----------------|-------------|-------------------|
| City PHOENIX | State AZ | Zip Code 85013 |
|-----------------|-------------|-------------------|

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

| | |
|---|-----------------------------|
| Name of Employer YESCALIS CONSULTING | Occupation SELF-EMPLOYED |
|---|-----------------------------|

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
09 / 02 / 2016

Transaction ID : SA11AI.113976

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 1750.00 |
| TOTAL 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 51 OF 200 | |
| <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ZUSCHLAG, RICHARD, E., ,

Mailing Address 108 ASTORIA LOOP

| | | |
|-------------------|-------------|-------------------|
| City LAFAYETTE | State LA | Zip Code 70508 |
|-------------------|-------------|-------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED |
|---|-------------------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : SA11AI.114240

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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)..... ▶ | 2500.00 |
| TOTAL This Period (last page this line number only)..... ▶ | 146600.00 |

**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 52 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

Mailing Address P.O. BOX 98000

| | | |
|-------------------|-------------|-------------------|
| City LAFAYETTE | State LA | Zip Code 70509 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00335570

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
860.40

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11C.114251

Amount of Each Receipt this Period
860.40

Memo Item
IN-KIND: EVENT CATERING

B. Full Name (Last, First, Middle Initial)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

Mailing Address P.O. BOX 98000

| | | |
|-------------------|-------------|-------------------|
| City LAFAYETTE | State LA | Zip Code 70509 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00335570

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3360.40

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : SA11C.114194

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ACCENTURE INC. POLITICAL ACTION COMMITTEE

Mailing Address 800 CONNECTICUT AVENUE NW
SUITE 600

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20006 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00300707

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114272

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4360.40 |
| TOTAL 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: PAGE 53 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AECOM PAC

Mailing Address 2101 WILSON BOULEVARD
7TH FLOOR

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00374447

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11C.114261

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AIR METHODS CORPORATION POLITICAL ACTION COMMITTEE (AMPAC)

Mailing Address 1550 LARIMER STREET
SUITE 229

City DENVER State CO Zip Code 80202

FEC ID number of contributing federal political committee. **C** C00529909

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

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

Transaction ID : SA11C.113665

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AIRBUS GROUP, INC. PAC

Mailing Address 2550 WASSER TERR
STE 9000

City HERNDON State VA Zip Code 20171

FEC ID number of contributing federal political committee. **C** C00421230

Name of Employer Occupation

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
07 / 20 / 2016

Transaction ID : SA11C.113703

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

TOTAL 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 54 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AIRBUS GROUP, INC. PAC

Mailing Address 2550 WASSER TERR
STE 9000

City HERNDON State VA Zip Code 20171

FEC ID number of contributing federal political committee. **C** C00421230

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
09 / 22 / 2016

Transaction ID : SA11C.114123

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ALASKA AIR GROUP INC. POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 68900

City SEATTLE State WA Zip Code 98168

FEC ID number of contributing federal political committee. **C** C00024349

Name of Employer Occupation

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
09 / 30 / 2016

Transaction ID : SA11C.114305

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ALLIANT ENERGY CORPORATION EMPLOYEE'S POLITICAL ACTION COMM

Mailing Address 801 PENNSYLVANIA AVE, NW
SUITE 640

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00132092

Name of Employer Occupation

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
08 / 03 / 2016

Transaction ID : SA11C.113791

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3000.00 |
| TOTAL 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 55 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALLIANT ENERGY CORPORATION EMPLOYEE'S POLITICAL ACTION COMM

Mailing Address 801 PENNSYLVANIA AVE, NW
SUITE 640

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00132092

Name of Employer Occupation

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
09 / 30 / 2016

Transaction ID : SA11C.114260

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ALLY FINANCIAL INC. ADVOCACY POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, N.W.
SUITE 350

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00579540

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11C.113697

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMAZON CORPORATE LLC PAC

Mailing Address 126 C STREET NW - #3

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00360354

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11C.114304

Amount of Each Receipt this Period
2000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 6500.00 |
| TOTAL 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 56 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN CAR RENTAL ASSOCIATION PAC (ACRA PAC)

Mailing Address PO BOX 584

| | | |
|-------------------|-------------|-------------------|
| City LONG LAKE | State NY | Zip Code 12847 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00612010

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2016

Transaction ID : SA11C.114127

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN COMMERCIAL LINES INC. PAC

Mailing Address 1701 EAST MARKET STREET

| | | |
|------------------------|-------------|-------------------|
| City JEFFERSONVILLE | State IN | Zip Code 47130 |
|------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00418269

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
09 / 26 / 2016

Transaction ID : SA11C.114181

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN CONCRETE PIPE ASSOCIATION PAC

Mailing Address 8445 FREEPORT PKWY
SUITE 350

| | | |
|----------------|-------------|-------------------|
| City IRVING | State TX | Zip Code 75063 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00425686

| | |
|------------------|------------|
| 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
09 / 26 / 2016

Transaction ID : SA11C.114189

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 3500.00 |
| TOTAL 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 57 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION

Mailing Address 325 7TH ST NW
LIBERTY PLACE SUITE 700

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20004 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00106146

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 03 / 2016

Transaction ID : SA11C.113798

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION

Mailing Address 325 7TH ST NW
LIBERTY PLACE SUITE 700

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20004 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00106146

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : SA11C.114198

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN MOVING STORAGE ASSOC. PAC

Mailing Address 1611 DUKE ST

| | | |
|--------------------|-------------|-------------------|
| City ALEXANDRIA | State VA | Zip Code 22314 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00255257

| | |
|------------------|------------|
| 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
08 / 18 / 2016

Transaction ID : SA11C.113879

Amount of Each Receipt this Period
3000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 6000.00 |
| TOTAL 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 58 OF 200 |
| | <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)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE STREET
SUITE 300

| | | |
|--------------------|-------------|-------------------|
| City ALEXANDRIA | State VA | Zip Code 22314 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00024968

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11C.113704

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN PILOTS' ASSOCIATION

Mailing Address 499 SOUTH CAPITOL ST SW
APT 409

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20003 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00041061

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114300

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN SHORTLINBE & REGIONAL RAILROAD ASSOC. PAC (ASLRRRA-PAC)

Mailing Address 50 F ST NW SUITE 7020

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00298190

| | |
|------------------|------------|
| 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
09 / 26 / 2016

Transaction ID : SA11C.114183

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 8500.00 |
| TOTAL 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 59 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF TRAVEL AGENTS

Mailing Address 1101 KING ST

| | | |
|--------------------|-------------|-------------------|
| City ALEXANDRIA | State VA | Zip Code 22314 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00114108

| | |
|------------------|------------|
| 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
08 / 03 / 2016

Transaction ID : SA11C.113796

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN WATERWAYS OPERATORS PAC

Mailing Address 801 QUINCY ST N
SUITE 200

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22203 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00034678

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114278

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ARCHER DANIELS MIDLAND COMPANY-ADM PAC

Mailing Address P.O. BOX 1470

| | | |
|-----------------|-------------|-------------------|
| City DECATUR | State IL | Zip Code 62525 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00093963

| | |
|------------------|------------|
| 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
08 / 03 / 2016

Transaction ID : SA11C.113797

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 12500.00 |
| TOTAL 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 60 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARDA-ROC

Mailing Address 1201 15TH ST NW SUITE 400

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00358663

| | |
|------------------|------------|
| 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
09 / 26 / 2016

Transaction ID : SA11C.114196

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ARTBA-PAC

Mailing Address 1219 28TH ST NW

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20007 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00118208

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11C.114268

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ASPLUNDH TREE EXPERT CO POLITICAL ACTION COMMITTEE (ATE PAC)

Mailing Address BLAIR MILL ROAD

| | | |
|----------------------|-------------|-------------------|
| City WILLOW GROVE | State PA | Zip Code 19090 |
|----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00177741

| | |
|------------------|------------|
| 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
08 / 24 / 2016

Transaction ID : SA11C.113891

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10000.00 |
| TOTAL 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 61 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ASSOCIATION OF EQUIPMENT MANUFACTURERS POLITICAL ACTION COMMITTEE

Mailing Address 1000 VERMONT AVENUE, NW
SUITE 450

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00442996

| | |
|------------------|------------|
| 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
09 / 02 / 2016

Transaction ID : SA11C.113973

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BAE SYSTEMS USA PAC

Mailing Address 1300 17TH ST N
SUITE 1400

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22209 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00281212

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114266

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BAKER BOTTS BLUEBONNET FUND

Mailing Address 910 LOUISIANA ST
SUITE 3000

| | | |
|-----------------|-------------|-------------------|
| City HOUSTON | State TX | Zip Code 77002 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00077552

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
09 / 30 / 2016

Transaction ID : SA11C.114289

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 7500.00 |
| TOTAL 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: PAGE 62 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC PAC

Mailing Address 901 K ST. NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00431072

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2016

Transaction ID : SA11C.114190

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BASF CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 100 PARK AVENUE

City FLORHAM PARK State NJ Zip Code 07932

FEC ID number of contributing federal political committee. **C** C00340075

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
 09 / 30 / 2016

Transaction ID : SA11C.114311

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BLESSEY MARINE SERVICE INC. PAC

Mailing Address PO BOX 23734

City HARAHAN State LA Zip Code 70183

FEC ID number of contributing federal political committee. **C** C00409789

Name of Employer Occupation

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
 09 / 26 / 2016

Transaction ID : SA11C.114200

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

TOTAL 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 63 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CANAL BARGE PAC

Mailing Address 835 UNION STREET

| | | |
|---------------------|-------------|-------------------|
| City NEW ORLEANS | State LA | Zip Code 70112 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00541110

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : SA11C.114180

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CELLULAR TELECOMM/INTERNET ASSOC

Mailing Address 1250 CONNECTICUT AVE NW
SUITE 800

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20036 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00262295

| | |
|------------------|------------|
| 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
07 / 20 / 2016

Transaction ID : SA11C.113700

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CENTURYLINK INC. EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1099 NEW YORK AVENUE NW
SUITE 250

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00419911

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
08 / 24 / 2016

Transaction ID : SA11C.113898

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 3000.00 |
| TOTAL 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 64 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CH2M HILL COMPANIES LTD PAC

Mailing Address 9191 S JAMAICA STREET

| | | |
|-------------------|-------------|-------------------|
| City ENGLEWOOD | State CO | Zip Code 80112 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00143305

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 12 / 2016 |

Transaction ID : SA11C.113999

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

B. Full Name (Last, First, Middle Initial)
CH2M HILL COMPANIES LTD PAC

Mailing Address 9191 S JAMAICA STREET

| | | |
|-------------------|-------------|-------------------|
| City ENGLEWOOD | State CO | Zip Code 80112 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00143305

| | |
|------------------|------------|
| 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 |
| 09 / 30 / 2016 |

Transaction ID : SA11C.114298

Amount of Each Receipt this Period

| |
|---------|
| 2000.00 |
|---------|

Memo Item

C. Full Name (Last, First, Middle Initial)
CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL (CITIGROUP PAC-FEDERAL)

Mailing Address 1101 PENNSYLVANIA AVENUE NW #1000

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20004 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00008474

| | |
|------------------|------------|
| 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 |
| 09 / 30 / 2016 |

Transaction ID : SA11C.114283

Amount of Each Receipt this Period

| |
|---------|
| 3000.00 |
|---------|

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6000.00 |
| TOTAL 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: PAGE 65 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CLEAR CHANNEL COMMUNICATIONS INC. PAC
 Mailing Address 200 E. BASSE ROAD
 City SAN ANTONIO State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C** C00279216
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 8500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA11C.114265
 Amount of Each Receipt this Period
 1500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
CONCRETE REINFORCING STEEL INSTITUTE PAC (REBAR PAC)
 Mailing Address 933 N PLUM GROVE RD
 City SCAUMBURG State IL Zip Code 60173
 FEC ID number of contributing federal political committee. **C** C00565614
 Name of Employer Occupation
 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
 09 / 30 / 2016
Transaction ID : SA11C.114274
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
CONNECTICUT ASSOCIATION OF OPTOMETRISTS INC PAC; THE
 Mailing Address 35 COLD SPRING ROAD SUITE 211
 City ROCKY HILL State CT Zip Code 06067
 FEC ID number of contributing federal political committee. **C** C00453290
 Name of Employer Occupation
 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
 09 / 26 / 2016
Transaction ID : SA11C.114178
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00
TOTAL 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: PAGE 66 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)

Mailing Address 12176 CHANCERY STATION CIRCLE

| | | |
|----------------|-------------|-------------------|
| City RESTON | State VA | Zip Code 20190 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00404392

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____,_____,_____ 2500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 22 / 2016 |

Transaction ID : SA11C.114119

Amount of Each Receipt this Period
 _____,_____,_____ 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)

Mailing Address 12176 CHANCERY STATION CIRCLE

| | | |
|----------------|-------------|-------------------|
| City RESTON | State VA | Zip Code 20190 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00404392

| | |
|------------------|------------|
| 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 |
| 09 / 26 / 2016 |

Transaction ID : SA11C.114186

Amount of Each Receipt this Period
 _____,_____,_____ 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CONSUMER ELECTRONICS ASSOCIATION PAC

Mailing Address 1919 SOUTH EADS STREET

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22202 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00375048

| | |
|------------------|------------|
| 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 |
| 09 / 30 / 2016 |

Transaction ID : SA11C.114309

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)..... ▶

_____,_____,_____ 10000.00

_____,_____,_____

**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 67 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CONTINENTAL AUTOMOTIVE INC PAC (CONTI PAC)

Mailing Address 700 13TH STREET NW SUITE 600

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00551846

| | |
|------------------|------------|
| 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
07 / 20 / 2016

Transaction ID : SA11C.113701

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CROWLEY MARITIME CORPORATION FEDERAL PAC

Mailing Address 9487 REGENCY SQUARE BLVD.

| | | |
|----------------------|-------------|-------------------|
| City JACKSONVILLE | State FL | Zip Code 32225 |
|----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00147231

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : SA11C.114201

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CRUISE LINES INTERNATIONAL ASSOC PAC

Mailing Address 2111 WILSON BLVD
8TH FLOOR

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22201 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00432393

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114262

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 6000.00 |
| TOTAL 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 68 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAY & ZIMMERMAN INC FEDERAL

Mailing Address 1655 FORT MYER DR N
SUITE 520

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22209 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00341271

| | |
|------------------|------------|
| 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
09 / 26 / 2016

Transaction ID : SA11C.114199

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DAY & ZIMMERMAN INC FEDERAL

Mailing Address 1655 FORT MYER DR N
SUITE 520

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22209 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00341271

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
09 / 30 / 2016

Transaction ID : SA11C.114307

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DOMINION PAC

Mailing Address 400 NORTH CAPITOL STREET NW
SUITE 875

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00108209

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 11 / 2016

Transaction ID : SA11C.113868

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 7000.00 |
| TOTAL 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 69 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EAGLE PAC

Mailing Address PO BOX 6312

| | | |
|----------------------|-------------|-------------------|
| City LIBERTYVILLE | State IL | Zip Code 60048 |
|----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00572123

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2028.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 16 / 2016

Transaction ID : SA11C.113876

Amount of Each Receipt this Period
2028.87

Memo Item
IN-KIND:EVENT CATERING

B. Full Name (Last, First, Middle Initial)
ECOLAB INC. POLITICAL ACTION COMMITTEE

Mailing Address 370 WABASH STREET N.

| | | |
|------------------|-------------|-------------------|
| City ST. PAUL | State MN | Zip Code 55102 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00101485

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114276

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN CORP

Mailing Address 520 GRAND AVE S
SUITE 700

| | | |
|---------------------|-------------|-------------------|
| City LOS ANGELES | State CA | Zip Code 90071 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00088591

| | |
|------------------|------------|
| 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
07 / 20 / 2016

Transaction ID : SA11C.113705

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 12028.87 |
| TOTAL 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 70 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ENTERPRISE HOLDINGS INC. PAC

Mailing Address 600 CORPORATE PARK DR

| | | |
|---------------------|-------------|-------------------|
| City SAINT LOUIS | State MO | Zip Code 63105 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00219642

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11C.114263

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ERIE INDEMNITY COMPANY PAC - FEDERAL

Mailing Address 100 ERIE INSURANCE PLACE

| | | |
|--------------|-------------|-------------------|
| City ERIE | State PA | Zip Code 16530 |
|--------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00153577

| | |
|------------------|------------|
| 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
08 / 24 / 2016

Transaction ID : SA11C.113893

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ERIE INDEMNITY COMPANY PAC - FEDERAL

Mailing Address 100 ERIE INSURANCE PLACE

| | | |
|--------------|-------------|-------------------|
| City ERIE | State PA | Zip Code 16530 |
|--------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00153577

| | |
|------------------|------------|
| 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
08 / 24 / 2016

Transaction ID : SA11C.113894

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4000.00 |
| TOTAL 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 71 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FAA MANAGERS ASSOCIATION, INC. PAC

Mailing Address #315 4410 MASSACHUSETTS AVE NW

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20016 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00366070

| | |
|------------------|------------|
| 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
07 / 20 / 2016

Transaction ID : SA11C.113695

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FEDERAL EXPRESS PAC

Mailing Address 942 SHADY GROVE RD S

| | | |
|-----------------|-------------|-------------------|
| City MEMPHIS | State TN | Zip Code 38120 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00068692

| | |
|------------------|------------|
| 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
08 / 24 / 2016

Transaction ID : SA11C.113896

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FLORIDA EAST COAST INDUSTRIES INC GOOD GOVERNMENT COMMITTEE (FECI PAC)

Mailing Address 2855 LE JEUNE ROAD 4TH FLOOR

| | | |
|----------------------|-------------|-------------------|
| City CORAL GABLES | State FL | Zip Code 33134 |
|----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00544908

| | |
|------------------|------------|
| 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
09 / 26 / 2016

Transaction ID : SA11C.114185

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 12500.00 |
| TOTAL 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 72 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Mailing Address 1600 WILSON BOULEVARD
SUITE 700

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22209 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00033704

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
09 / 30 / 2016

Transaction ID : SA11C.114297

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FOOD MARKETING INSTITUTE PAC

Mailing Address 2345 CRYSTAL DR SUITE 800

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 22202 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00014555

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
08 / 24 / 2016

Transaction ID : SA11C.113899

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FORD MOTOR CO CIVIC ACTION FUND

Mailing Address 1350 I STREET NW

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00046474

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114270

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 7000.00 |
| TOTAL 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 73 OF 200 |
| | <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)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FUND FOR AMERICAN OPPORTUNITY

Mailing Address POST OFFICE BOX 65796

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20035 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00336297

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11C.114292

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS VOLUNTARY PAC

Mailing Address 2941 FAIRVIEW PARK DR
SUITE 100

| | | |
|----------------------|-------------|-------------------|
| City FALLS CHURCH | State VA | Zip Code 22042 |
|----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00078451

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114303

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GREYHOUND LINES PAC

Mailing Address 1101 14TH ST NW
SUITE 750

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00215129

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114294

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8500.00 |
| TOTAL 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 74 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HARRIS CORPORATION PAC

Mailing Address 600 MARYLAND AVE SW STE. 850 E

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20024 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00100321

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
 08 / 24 / 2016

Transaction ID : SA11C.113897

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HARRIS CORPORATION PAC

Mailing Address 600 MARYLAND AVE SW STE. 850 E

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20024 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00100321

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : SA11C.114267

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HARRIS CORPORATION PAC

Mailing Address 600 MARYLAND AVE SW STE. 850 E

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20024 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00100321

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : SA11C.114279

Amount of Each Receipt this Period
 _____ 3000.00

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ 5000.00 |
| TOTAL 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 75 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HDR, INC PAC

Mailing Address 8404 INDIAN HILLS DR

| | | |
|---------------|-------------|-------------------|
| City OMAHA | State NE | Zip Code 68114 |
|---------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00103903

| | |
|------------------|------------|
| 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
08 / 03 / 2016

Transaction ID : SA11C.113790

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HORNBECK OFFSHORE SERVICES INC POLITICAL ACTION COMMITTEE

Mailing Address 103 NORTH PARK BLVD SUITE 300

| | | |
|-------------------|-------------|-------------------|
| City COVINGTON | State LA | Zip Code 70433 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00424366

| | |
|------------------|------------|
| 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
09 / 26 / 2016

Transaction ID : SA11C.114193

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HUSCH BLACKWELL POLITICAL ACTION COMMITTEE

Mailing Address 4801 MAIN STREET
SUITE 1000

| | | |
|---------------------|-------------|-------------------|
| City KANSAS CITY | State MO | Zip Code 64112 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00424382

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
08 / 24 / 2016

Transaction ID : SA11C.113892

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 7500.00 |
| TOTAL 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 76 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INGRAM BARGE COMPANY PAC

Mailing Address ONE BELLE MEADE PL 4400 HARDING RD

| | | |
|-------------------|-------------|-------------------|
| City NASHVILLE | State TN | Zip Code 37205 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00364471

| | |
|------------------|------------|
| 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
09 / 26 / 2016

Transaction ID : SA11C.114179

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
INVEST IN A STRONG AND SECURE AMERICA - ISSA PAC

Mailing Address PO BOX 3799

| | | |
|---------------|-------------|-------------------|
| City VISTA | State CA | Zip Code 92085 |
|---------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00450320

| | |
|------------------|------------|
| 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
09 / 01 / 2016

Transaction ID : SA11C.113971

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JACKIE PAC

Mailing Address PO BOX 26141

| | | |
|--------------------|-------------|-------------------|
| City ALEXANDRIA | State VA | Zip Code 22313 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00582726

| | |
|------------------|------------|
| 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
09 / 26 / 2016

Transaction ID : SA11C.114191

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 7500.00 |
| TOTAL 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 77 OF 200 |
| | <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)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JEFF PAC

Mailing Address 2150 RIVER PLAZA DR. #150

| | | |
|--------------------|-------------|-------------------|
| City SACRAMENTO | State CA | Zip Code 95833 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00489112

| | |
|------------------|------------|
| 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
09 / 22 / 2016

Transaction ID : SA11C.114118

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JM FAMILY ENTERPRISES INC PAC

Mailing Address 111 JIM MORAN BLVD

| | | |
|-------------------------|-------------|-------------------|
| City DEERFIELD BEACH | State FL | Zip Code 33442 |
|-------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00240911

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11C.113699

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JM FAMILY ENTERPRISES INC PAC

Mailing Address 111 JIM MORAN BLVD

| | | |
|-------------------------|-------------|-------------------|
| City DEERFIELD BEACH | State FL | Zip Code 33442 |
|-------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00240911

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 03 / 2016

Transaction ID : SA11C.113794

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 10000.00 |
| TOTAL 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 78 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KIRBY PAC

Mailing Address 55 WAUGH DR SUITE 1000

| | | |
|-----------------|-------------|-------------------|
| City HOUSTON | State TX | Zip Code 77007 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00250027

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : SA11C.114195

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LATOURETTE FOR CONGRESS

Mailing Address 320 KENARDEN DR

| | | |
|-------------------|-------------|-------------------|
| City CLEVELAND | State OH | Zip Code 44143 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00284174

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114290

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LEHIGH HANSON INC POLITICAL ACTION COMMITTEE

Mailing Address 300 E JOHN CARPENTER FREEWAY

| | | |
|----------------|-------------|-------------------|
| City IRVING | State TX | Zip Code 75062 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00493270

| | |
|------------------|------------|
| 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
09 / 22 / 2016

Transaction ID : SA11C.114121

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 6000.00 |
| TOTAL 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 79 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEIDOS INC. POLITICAL ACTION COMMITTEE

Mailing Address 301 LABORATORY ROAD

| | | |
|-------------------|-------------|-------------------|
| City OAK RIDGE | State TN | Zip Code 37830 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00546234

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
 09 / 30 / 2016

Transaction ID : SA11C.114302

Amount of Each Receipt this Period
 _____,_____,_____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EPAC

Mailing Address 2121 CRYSTAL DRIVE - SUITE 100

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22202 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00303024

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____,_____,_____ 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2016

Transaction ID : SA11C.113671

Amount of Each Receipt this Period
 _____,_____,_____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LOEWS CORPORATION PUBLIC AFFAIRS COMMITTEE

Mailing Address 655 MADISON AVENUE
ATT: CORPORATE SECRETARY

| | | |
|------------------|-------------|-------------------|
| City NEW YORK | State NY | Zip Code 10065 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00416495

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
 09 / 30 / 2016

Transaction ID : SA11C.114280

Amount of Each Receipt this Period
 _____,_____,_____ 1000.00

Memo Item

| | |
|---|-------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ , _____ , _____ 3000.00 |
| TOTAL 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: PAGE 80 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOWE'S COMPANIES INC PAC

Mailing Address 1000 LOWE'S BOULEVARD

City MOORESVILLE State NC Zip Code 28117

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : SA11C.114277

Amount of Each Receipt this Period
3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ASPHALT PAVEMENT ASSOCIATION PAC (NAPA-PAC)

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 600 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00444539

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
 09 / 30 / 2016

Transaction ID : SA11C.114301

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF SURETY BOND PRODUCERS POLITICAL ACTION COMMITTEE (SURETYPAC)

Mailing Address 1140 19TH STREET NW
SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00300525

Name of Employer Occupation

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
 09 / 30 / 2016

Transaction ID : SA11C.114291

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

TOTAL 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 81 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL AUTOMOBILE DEALERS ASSOCIATION PAC

Mailing Address 8400 WESTPARK DR

| | | |
|-----------------|-------------|-------------------|
| City MC LEAN | State VA | Zip Code 22102 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00040998

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : SA11C.114188

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION PAC

Mailing Address 1101 KING ST SUITE 600

| | | |
|--------------------|-------------|-------------------|
| City ALEXANDRIA | State VA | Zip Code 22314 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00144766

| | |
|------------------|------------|
| 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
08 / 24 / 2016

Transaction ID : SA11C.113895

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE PAC

Mailing Address 2121 K ST NW SUITE 325

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20037 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00140061

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 03 / 2016

Transaction ID : SA11C.113793

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6000.00 |
| TOTAL 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 82 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL MULTI HOUSING COUNCIL PAC

Mailing Address 1850 M ST NW SUITE 540

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20036 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00130773

| | |
|------------------|------------|
| 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
07 / 20 / 2016

Transaction ID : SA11C.113702

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL TANK TRUCK CARRIERS PAC

Mailing Address 950 GLEBE RD N
SUITE 520

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22203 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00188011

| | |
|------------------|------------|
| 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
09 / 26 / 2016

Transaction ID : SA11C.114184

Amount of Each Receipt this Period
4000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NOSSAMAN LLP POLITICAL ACTION COMMITTEE (NOSSAMAN PAC)

Mailing Address 1666 K STREET, NW
SUITE 500

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20006 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00473652

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
09 / 30 / 2016

Transaction ID : SA11C.114281

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 7500.00 |
| TOTAL 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 83 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
OFFSHORE MARINE SERVICE ASSOCIATION PAC

Mailing Address 935 GRAAVIER STREET
SUITE 2040

| | | |
|---------------------|-------------|-------------------|
| City NEW ORLEANS | State LA | Zip Code 70112 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00455584

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
09 / 26 / 2016

Transaction ID : SA11C.114177

Amount of Each Receipt this Period
1900.00

Memo Item

B. Full Name (Last, First, Middle Initial)
OLD CASTLE MATERIALS INC. PAC

Mailing Address 101 CONSTITUTION AVE NW
SUITE 600W

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00346353

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2016

Transaction ID : SA11C.114120

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
OLD DOMINION FREIGHT LINE INC POLITICAL ACTION COMMITTEE (OLD DOMINION PAC)

Mailing Address 500 OLD DOMINION WAY

| | | |
|---------------------|-------------|-------------------|
| City THOMASVILLE | State NC | Zip Code 27360 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00496836

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114273

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 5400.00 |
| TOTAL 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 84 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
OSHKOSH CORPORATION EMPLOYEES

Mailing Address PO BOX 2566

| | | |
|-----------------|-------------|-------------------|
| City OSHKOSH | State WI | Zip Code 54903 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00304477

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 03 / 2016

Transaction ID : SA11C.113792

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
OSHKOSH CORPORATION EMPLOYEES

Mailing Address PO BOX 2566

| | | |
|-----------------|-------------|-------------------|
| City OSHKOSH | State WI | Zip Code 54903 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00304477

| | |
|------------------|------------|
| 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
09 / 26 / 2016

Transaction ID : SA11C.114187

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PARSONS BRINCKERHOFF INC PAC

Mailing Address ONE PENN PLAZA

| | | |
|------------------|-------------|-------------------|
| City NEW YORK | State NY | Zip Code 10119 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00287003

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11C.114264

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6000.00 |
| TOTAL 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 85 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PG&E CORPORATION EMPLOYEES ENERGY PAC

Mailing Address 77 BEALE STREET
PO BOX 770000 B29H

City SAN FRANCISCO State CA Zip Code 94177

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 03 / 2016

Transaction ID : SA11C.113799

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PHILLIPS 66 PAC

Mailing Address 670 ADAMS BUILDING
411 SOUTH KEELER AVENUE

City BARTLESVILLE State OK Zip Code 74003

FEC ID number of contributing federal political committee. **C** C00513549

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
08 / 18 / 2016

Transaction ID : SA11C.113878

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PHYSICAL THERAPY (PTPAC)

Mailing Address 1111 FAIRFAX ST N

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

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
07 / 27 / 2016

Transaction ID : SA11C.113782

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 7000.00 |
| TOTAL 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 86 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PORTLAND CEMENT ASSOCIATION, INC. PAC

Mailing Address 500 NEW JERSEY AVE NW
SEVENTH FLOOR

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00237065

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
09 / 30 / 2016

Transaction ID : SA11C.114299

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PPL PEOPLE FOR GOOD GOVT PAC

Mailing Address TWO NORTH NINTH ST

| | | |
|-------------------|-------------|-------------------|
| City ALLENTOWN | State PA | Zip Code 18101 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00228106

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 03 / 2016

Transaction ID : SA11C.113800

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PPL PEOPLE FOR GOOD GOVT PAC

Mailing Address TWO NORTH NINTH ST

| | | |
|-------------------|-------------|-------------------|
| City ALLENTOWN | State PA | Zip Code 18101 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00228106

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114282

Amount of Each Receipt this Period
1500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 3500.00 |
| TOTAL 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 87 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REALTORS PAC

Mailing Address 430 MICHIGAN AVE N

| | | |
|-----------------|-------------|-------------------|
| City CHICAGO | State IL | Zip Code 60611 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00030718

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9000.00

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

Transaction ID : SA11C.113666

Amount of Each Receipt this Period
4000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
REALTORS PAC

Mailing Address 430 MICHIGAN AVE N

| | | |
|-----------------|-------------|-------------------|
| City CHICAGO | State IL | Zip Code 60611 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00030718

| | |
|------------------|------------|
| 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
07 / 14 / 2016

Transaction ID : SA11C.113668

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address C/O G&A;W 2201 WISCONSIN AVE., N
SUITE 320

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20007 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00165159

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
09 / 26 / 2016

Transaction ID : SA11C.114176

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 6000.00 |
| TOTAL 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 88 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RETAIL LEADERS PAC

Mailing Address 1700 N. MOORE STREET
SUITE 2250

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00112763

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
09 / 30 / 2016

Transaction ID : SA11C.114287

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
RICHARD HANNA FOR CONGRESS

Mailing Address PO BOX 118

City UTICA State NY Zip Code 13503

FEC ID number of contributing federal political committee. **C** C00451005

Name of Employer Occupation

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
09 / 16 / 2016

Transaction ID : SA11C.114036

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
RICHARD HANNA FOR CONGRESS

Mailing Address PO BOX 118

City UTICA State NY Zip Code 13503

FEC ID number of contributing federal political committee. **C** C00451005

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
09 / 22 / 2016

Transaction ID : SA11C.114122

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4000.00 |
| TOTAL 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 89 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROCKWELL COLLINS EMPLOYEE PAC

Mailing Address 1300 WILSON BLVD. STE. 200

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22209 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00365684

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11C.114296

Amount of Each Receipt this Period
3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SCHEIDER NATIONAL INC. TRANS PAC

Mailing Address 3101 S PACKERLAND DR.

| | | |
|-------------------|-------------|-------------------|
| City GREEN BAY | State WI | Zip Code 54305 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00563924

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114308

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SIEMENS CORPORATION PAC

Mailing Address 300 NEW JERSEY AVENUE, NW
SUITE 1000

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00353797

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2016

Transaction ID : SA11C.113890

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6500.00 |
| TOTAL 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 90 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SOUTHERN COMPANY EMPLOYEES PAC

Mailing Address 601 PENNSYLVANIA AVE NW

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20004 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00144774

| | |
|------------------|------------|
| 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
09 / 30 / 2016

Transaction ID : SA11C.114275

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SPACE EXPLORATION TECHNOLOGIES CORPORATION PAC

Mailing Address 1030 15TH STREET, NW
SUITE 220 E

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00411116

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11C.114293

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address ONE STATE FARM PLAZA
C/O MARK SCHWAMBERGER, TREASURER,

| | | |
|---------------------|-------------|-------------------|
| City BLOOMINGTON | State IL | Zip Code 61710 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00544817

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 27 / 2016

Transaction ID : SA11C.113783

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 8500.00 |
| TOTAL 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 91 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STUPP BROS INC POLITICAL ACTION COMMITTEE (STUPP PAC)

Mailing Address 3800 WEBER ROAD

| | | |
|------------------|-------------|-------------------|
| City ST LOUIS | State MO | Zip Code 63125 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00554097

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11C.114310

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TESORO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 19100 RIDGEWOOD PARKWAY

| | | |
|---------------------|-------------|-------------------|
| City SAN ANTONIO | State TX | Zip Code 78259 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00358366

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11C.113696

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY PAC

Mailing Address 929 LONG BRIDGE DR

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22209 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00142711

| | |
|------------------|------------|
| 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
07 / 25 / 2016

Transaction ID : SA11C.113722

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8500.00 |
| TOTAL 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 92 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC)

Mailing Address 2030 DOW CENTER

| | | |
|-----------------|-------------|-------------------|
| City MIDLAND | State MI | Zip Code 48674 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00074096

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11C.114295

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. PAC

Mailing Address 101 CONSTITUTION AVE NW
SUITE 800 WEST

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00284885

| | |
|------------------|------------|
| 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
09 / 12 / 2016

Transaction ID : SA11C.113997

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
TRANSPORTATION TRADES DEPARTMENT AFL-CIO PAC

Mailing Address 815 16TH ST NW
4TH FLOOR

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20006 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00280909

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11C.114288

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8500.00 |
| TOTAL 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 93 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TRINITY INDUSTRIES PAC

Mailing Address 2525 STEMMONS FWY.

| | | |
|----------------|-------------|-------------------|
| City DALLAS | State TX | Zip Code 75207 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00268904

| | |
|------------------|------------|
| 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
07 / 14 / 2016

Transaction ID : SA11C.113667

Amount of Each Receipt this Period
3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TTX COMPANY EMPLOYEES

Mailing Address 101 WACKER DR N

| | | |
|-----------------|-------------|-------------------|
| City CHICAGO | State IL | Zip Code 60606 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00138974

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11C.114306

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address 18354 QUANTICO GATEWAY DR
SUITE 200

| | | |
|------------------|-------------|-------------------|
| City TRIANGLE | State VA | Zip Code 22172 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00013342

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 03 / 2016

Transaction ID : SA11C.113795

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 5500.00 |
| TOTAL 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: PAGE 94 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address 18354 QUANTICO GATEWAY DR
SUITE 200

City TRIANGLE State VA Zip Code 22172

FEC ID number of contributing federal political committee. **C** C00013342

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
09 / 30 / 2016

Transaction ID : SA11C.114269

Amount of Each Receipt this Period
3500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
VULCAN MATERIALS COMPANY POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 385014

City BIRMINGHAM State AL Zip Code 35238

FEC ID number of contributing federal political committee. **C** C00116020

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 12 / 2016

Transaction ID : SA11C.113998

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WALMART STORES INC. PAC

Mailing Address 702 8TH ST SW

City BENTONVILLE State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

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
09 / 12 / 2016

Transaction ID : SA11C.113996

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

TOTAL 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 95 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WEBER FOR CONGRESS

Mailing Address PO BOX 1327

| | | |
|---------------------|-------------|-------------------|
| City FRIENDSWOOD | State TX | Zip Code 77549 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00502229

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2016

Transaction ID : SA11C.114116

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WERNER ENTERPRISES INC POLITICAL ACTION COMMITTEE

Mailing Address 14507 FRONTIER ROAD

| | | |
|---------------|-------------|-------------------|
| City OMAHA | State NE | Zip Code 68138 |
|---------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00236034

| | |
|------------------|------------|
| 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
08 / 03 / 2016

Transaction ID : SA11C.113789

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WERNER ENTERPRISES INC POLITICAL ACTION COMMITTEE

Mailing Address 14507 FRONTIER ROAD

| | | |
|---------------|-------------|-------------------|
| City OMAHA | State NE | Zip Code 68138 |
|---------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00236034

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : SA11C.114182

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 7700.00 |
| TOTAL 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 96 OF 200 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WESTINGHOUSE ELECTRIC COMPANY LLC PAC

Mailing Address 1775 PENNSYLVANIA AVE NW
SUITE 250

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20006 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00346361

| | |
|------------------|------------|
| 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
09 / 26 / 2016

Transaction ID : SA11C.114197

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WEXLER & WALKER PUBLIC POLICY PAC

Mailing Address 1317 F STREET NW
SUITE 600

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20004 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00248195

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

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
09 / 26 / 2016

Transaction ID : SA11C.114192

Amount of Each Receipt this Period
1000.00

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)..... ▶ | 2000.00 |
| TOTAL This Period (last page this line number only)..... ▶ | 295989.27 |

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

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

FOR LINE NUMBER: PAGE 97 OF 200
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GROSSMAN, ANDREW, , ,

Mailing Address 3714 LEYLAND DR

City MECHANICSBURG State PA Zip Code 17050

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1567.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2016

Transaction ID : SA14.114250

Amount of Each Receipt this Period
 1567.60

Memo Item
 REFUND OF OVERPAYMENT

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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).....▶ | 1567.60 |
| TOTAL This Period (last page this line number only).....▶ | 1567.60 |

**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 98 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. 814 CONSULTING LLC | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | |
| Mailing Address 5827 COLFAX AVE. | | | FEC Identification Number C | |
| City ALEXANDRIA | State VA | Zip Code 22311 | Amount of Each Disbursement this Period 19062.03 | |
| Purpose of Disbursement FUNDRAISING CONSULTING | | Category/ Type 001 | Transaction ID : SB17.113824 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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. ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016 | |
| Mailing Address P.O. BOX 98000 | | | FEC Identification Number C C00335570 | |
| City LAFAYETTE | State LA | Zip Code 70509 | Amount of Each Disbursement this Period 860.40 | |
| Purpose of Disbursement IN-KIND: EVENT CATERING | | Category/ Type | Transaction ID : SB17.114252 | |
| Candidate Name ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC | | Memo Item <input type="checkbox"/> | | |
| 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) C. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016 | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 1530.97 | |
| Purpose of Disbursement SEE MEMO ENTRY | | Category/ Type 001 | Transaction ID : SB17.114022 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 21453.40 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 99 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. BOOCKS, MEGHAN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016 | |
| Mailing Address 511 PAYNE HILL ROAD APT 212 | | | FEC Identification Number C | |
| City JEFFERSON HILLS | State PA | Zip Code 15025 | Amount of Each Disbursement this Period 1530.97 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114060 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016 | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 782.54 | |
| Purpose of Disbursement PAYROLL TAXES | | Category/ Type 001 | Transaction ID : SB17.114023 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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) C. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016 | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 123.14 | |
| Purpose of Disbursement PAYROLL FEES | | Category/ Type 001 | Transaction ID : SB17.114024 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 905.68 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 100 OF 200 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ADP | | Date of Disbursement |
| Mailing Address 1 ADP BLVD | | M M / D D / Y Y Y Y 07 / 15 / 2016 |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement PAYROLL FEES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 115.28 |
| 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: | Transaction ID : SB17.114025 <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ADP | | Date of Disbursement |
| Mailing Address 1 ADP BLVD | | M M / D D / Y Y Y Y 07 / 22 / 2016 |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement PAYROLL FEES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 7.00 |
| 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: | Transaction ID : SB17.114026 <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. ADP | | Date of Disbursement |
| Mailing Address 1 ADP BLVD | | M M / D D / Y Y Y Y 07 / 28 / 2016 |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement PAYROLL TAXES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 3599.07 |
| 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: | Transaction ID : SB17.114027 <input type="checkbox"/> Memo Item | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3721.35 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 101 OF 200 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. ADP | | Date of Disbursement |
| Mailing Address 1 ADP BLVD | | M M / D D / Y Y Y Y 07 / 28 / 2016 |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement SEE MEMO ENTRIES | 001 | |
| 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: | Amount of Each Disbursement this Period 8804.25 | |
| | | Transaction ID : SB17.114028 |
| | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. BOOCKS, MEGHAN, , , | | Date of Disbursement |
| Mailing Address 511 PAYNE HILL ROAD APT 212 | | M M / D D / Y Y Y Y 07 / 28 / 2016 |
| City JEFFERSON HILLS | State PA | Zip Code 15025 |
| Purpose of Disbursement SALARY | 001 | |
| 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: | Amount of Each Disbursement this Period 1530.97 | |
| | | Transaction ID : SB17.114054 |
| | | <input checked="" type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. GROSSMAN, ANDREW, , , | | Date of Disbursement |
| Mailing Address 3714 LEYLAND DR | | M M / D D / Y Y Y Y 07 / 28 / 2016 |
| City MECHANICSBURG | State PA | Zip Code 17050 |
| Purpose of Disbursement SALARY | 001 | |
| 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: | Amount of Each Disbursement this Period 1567.60 | |
| | | Transaction ID : SB17.114055 |
| | | <input checked="" type="checkbox"/> Memo Item |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 8804.25 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 102 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. MEARKLE, JENNIFER, , MS., | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016 | |
| Mailing Address 3022 BROAD AVE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 170.88 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114056 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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. MENZLER, TYLER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016 | |
| Mailing Address 701 THOMPSON AVE | | | FEC Identification Number C | |
| City DONORA | State PA | Zip Code 15033 | Amount of Each Disbursement this Period 2080.03 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114057 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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) C. PSYHOGIOS-SMITH, BRITTANY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016 | |
| Mailing Address 700 S. COURTHOUSE RD. #404 | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22204 | Amount of Each Disbursement this Period 834.60 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114058 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 103 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. STRAESSER, WILLIAM, , MR., | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016 | | |
| Mailing Address PO BOX 1023 | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16603 | Amount of Each Disbursement this Period 2620.17 | | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114059 | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | | |
| 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. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016 | | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 125.50 | | |
| Purpose of Disbursement PAYROLL FEES | | Category/ Type 001 | Transaction ID : SB17.114029 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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) C. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016 | | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 7.00 | | |
| Purpose of Disbursement PAYROLL FEES | | Category/ Type 001 | Transaction ID : SB17.114030 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 132.50 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 104 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ADP | | Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2016 |
| Mailing Address 1 ADP BLVD | | FEC Identification Number C |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement SEE MEMO ENTRIES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 13581.89 |
| 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. BOOCKS, MEGHAN, , , | | Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2016 |
| Mailing Address 511 PAYNE HILL ROAD APT 212 | | FEC Identification Number C |
| City JEFFERSON HILLS | State PA | Zip Code 15025 |
| Purpose of Disbursement SALARY | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 1530.97 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CONTRES, CASEY, , , | | Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2016 |
| Mailing Address 2213 7TH AVE APT. A | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement SALARY | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 4777.63 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 13581.89 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 105 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. GROSSMAN, ANDREW, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2016 | |
| Mailing Address 3714 LEYLAND DR | | | FEC Identification Number C | |
| City MECHANICSBURG | State PA | Zip Code 17050 | Amount of Each Disbursement this Period 1567.60 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114049 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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. MEARKLE, JENNIFER, , MS., | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2016 | |
| Mailing Address 3022 BROAD AVE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 170.88 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114050 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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) C. MENZLER, TYLER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2016 | |
| Mailing Address 701 THOMPSON AVE | | | FEC Identification Number C | |
| City DONORA | State PA | Zip Code 15033 | Amount of Each Disbursement this Period 2080.05 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114051 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 106 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. PSYHOGIOS-SMITH, BRITTANY, , , | | Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2016 |
| Mailing Address 700 S. COURTHOUSE RD. #404 | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22204 |
| Purpose of Disbursement SALARY | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 834.60 | |
| 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) ▼ | Transaction ID : SB17.114052 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. STRAESSER, WILLIAM, , MR., | | Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2016 |
| Mailing Address PO BOX 1023 | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16603 |
| Purpose of Disbursement SALARY | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 2620.16 | |
| 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) ▼ | Transaction ID : SB17.114053 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ADP | | Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2016 |
| Mailing Address 1 ADP BLVD | | FEC Identification Number C |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement PAYROLL TAXES | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 6912.71 | |
| 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) ▼ | Transaction ID : SB17.114032 |
| State: District: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 6912.71 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 107 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ADP | | Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016 |
| Mailing Address 1 ADP BLVD | | FEC Identification Number C |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement PAYROLL TAXES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 407.59 |
| 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ADP | | Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016 |
| Mailing Address 1 ADP BLVD | | FEC Identification Number C |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement SEE MEMO ENTRIES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 1108.30 |
| 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. BEENER, ASHLEY, , , | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 |
| Mailing Address 701 THOMPSON AVE | | FEC Identification Number C |
| City DONORA | State PA | Zip Code 15033 |
| Purpose of Disbursement SALARY | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 523.33 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1515.89 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 108 OF 200 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. BOOCKS, MEGHAN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address 511 PAYNE HILL ROAD APT 212 | | | FEC Identification Number C | | |
| City JEFFERSON HILLS | State PA | Zip Code 15025 | Amount of Each Disbursement this Period 175.17 | | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114045 | | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. MENZLER, TYLER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address 701 THOMPSON AVE | | | FEC Identification Number C | | |
| City DONORA | State PA | Zip Code 15033 | Amount of Each Disbursement this Period 409.80 | | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114046 | | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2016 | | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 248.64 | | |
| Purpose of Disbursement PAYROLL FEES | | Category/ Type 001 | Transaction ID : SB17.114035 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 248.64 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 109 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. ADP | | Date of Disbursement |
| Mailing Address 1 ADP BLVD | | M M / D D / Y Y Y Y 09 / 29 / 2016 |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement PAYROLL TAXES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 7713.08 |
| 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: | Transaction ID : SB17.114253 <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ADP | | Date of Disbursement |
| Mailing Address 1 ADP BLVD | | M M / D D / Y Y Y Y 09 / 29 / 2016 |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement SEE MEMO ENTRIES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 15765.79 |
| 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: | Transaction ID : SB17.114254 <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. BEENER, ASHLEY, , , | | Date of Disbursement |
| Mailing Address 701 THOMPSON AVE | | M M / D D / Y Y Y Y 09 / 29 / 2016 |
| City DONORA | State PA | Zip Code 15033 |
| Purpose of Disbursement SALARY | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 1530.97 |
| 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: | Transaction ID : SB17.114317 <input checked="" type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 23478.87 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 110 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. BOOCKS, MEGHAN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016 | |
| Mailing Address 511 PAYNE HILL ROAD APT 212 | | | FEC Identification Number C | |
| City JEFFERSON HILLS | State PA | Zip Code 15025 | Amount of Each Disbursement this Period 1677.39 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114318 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. CONTRES, CASEY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016 | |
| Mailing Address 2213 7TH AVE APT. A | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 4777.63 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114319 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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) C. MEARKLE, JENNIFER, , MS., | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016 | |
| Mailing Address 3022 BROAD AVE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 170.88 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114320 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 111 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. MENZLER, TYLER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016 | |
| Mailing Address 701 THOMPSON AVE | | | FEC Identification Number C | |
| City DONORA | State PA | Zip Code 15033 | Amount of Each Disbursement this Period 2446.08 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114321 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. PSYHOGIOS-SMITH, BRITTANY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016 | |
| Mailing Address 700 S. COURTHOUSE RD. #404 | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22204 | Amount of Each Disbursement this Period 834.60 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114322 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. RODGERS, KEVIN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016 | |
| Mailing Address 5403 TALON CT | | | FEC Identification Number C | |
| City CLARKSVILLE | State MD | Zip Code 21029 | Amount of Each Disbursement this Period 1708.07 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114323 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 112 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. STRAESSER, WILLIAM, , MR., | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016 | |
| Mailing Address PO BOX 1023 | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16603 | Amount of Each Disbursement this Period 2620.17 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | Transaction ID : SB17.114324 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016 | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 7.00 | |
| Purpose of Disbursement PAYROLL FEES | | Category/ Type 001 | Transaction ID : SB17.114255 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016 | |
| Mailing Address PO BOX 1270 | | | FEC Identification Number C | |
| City NEWARK | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 16250.83 | |
| Purpose of Disbursement SEE MEMO ENTRIES | | Category/ Type 001 | Transaction ID : SB17.114018 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 16257.83 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 113 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016 |
| Mailing Address 2 CONVENTION CENTER BLVD | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement LODGING | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 57.00 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. DUNKIN DONUTS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016 |
| Mailing Address 3132 PLEASANT VALLEY BLVD | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement MEETING EXPENSE | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 60.45 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. SEI RESTAURANT | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016 |
| Mailing Address 444 7TH STREET NW | | FEC Identification Number C |
| City WASHINGTON | State DC | Zip Code 20004 |
| Purpose of Disbursement MEETING EXPENSE | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 84.00 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 114 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016 |
| Mailing Address PO BOX 9001309 | | FEC Identification Number C |
| City LOUISVILLE | State KY | Zip Code 40290 |
| Purpose of Disbursement TELEPHONE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 150.00 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. EXXON | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016 |
| Mailing Address 542 SOUTH CENTER STREET | | FEC Identification Number C |
| City EBENSBURG | State PA | Zip Code 15931 |
| Purpose of Disbursement TRAVEL EXPENSE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 200.28 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. SHEETZ INC | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016 |
| Mailing Address 5700 SIXTH AVENUE | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement TRAVEL EXPENSES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 223.99 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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|--|------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 115 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

A. CONGRESSIONAL BASEBALL GAME FOR CHARITY

Full Name (Last, First, Middle Initial)
Mailing Address 1108 LONGWORTH HOUSE OFFICE BUILDI

City State Zip Code
20001

Purpose of Disbursement
EVENT TICKETS

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

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

FEC Identification Number
C

Amount of Each Disbursement this Period
250.00

Transaction ID : SB17.114078

Memo Item

B. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement
MEETING EXPENSES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

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

FEC Identification Number
C

Amount of Each Disbursement this Period
285.24

Transaction ID : SB17.114079

Memo Item

C. DELTA AIR LINES

Full Name (Last, First, Middle Initial)
Mailing Address 1030 DELTA BOULEVARD

City State Zip Code
ATLANTA GA 30320

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

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

FEC Identification Number
C

Amount of Each Disbursement this Period
368.10

Transaction ID : SB17.114080

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 116 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. SULLIVAN'S STEAKHOUSE | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016 | |
| Mailing Address 222 S 15TH STREET | | | FEC Identification Number C | |
| City OMAHA | State NE | Zip Code 68102 | Amount of Each Disbursement this Period 604.87 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | Transaction ID : SB17.114081 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. UNITED AIRLINES | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016 | |
| Mailing Address 1200 E ALGONQUIN ROAD | | | FEC Identification Number C | |
| City ELK GROVE VILLAGE | State IL | Zip Code 60007 | Amount of Each Disbursement this Period 1930.60 | |
| Purpose of Disbursement AIRFARE | | Category/ Type 001 | Transaction ID : SB17.114082 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. NEMACOLIN WOODLANDS RESORT | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016 | |
| Mailing Address 1001 LAFAYETTE DRIVE | | | FEC Identification Number C | |
| City FARMINGTON | State PA | Zip Code 15437 | Amount of Each Disbursement this Period 2474.84 | |
| Purpose of Disbursement EVENT FACILITY RENTAL AND CATERING | | Category/ Type 001 | Transaction ID : SB17.114083 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 117 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. ACQUA AL 2 | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016 |
| Mailing Address 212 7TH STREET SOUTHEAST | | FEC Identification Number C |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement EVENT CATERING | Category/ Type 001 | Amount of Each Disbursement this Period 2929.25 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Transaction ID : SB17.114084 <input checked="" type="checkbox"/> Memo Item | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. DEL FRISCO GRILLE | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016 |
| Mailing Address 50 ROCKEFELLER PLAZA | | FEC Identification Number C |
| City NEW YORK | State NY | Zip Code 10020 |
| Purpose of Disbursement EVENT CATERING | Category/ Type 001 | Amount of Each Disbursement this Period 5618.63 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Transaction ID : SB17.114085 <input checked="" type="checkbox"/> Memo Item | |

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|---|---|--|
| Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016 |
| Mailing Address PO BOX 1270 | | FEC Identification Number C |
| City NEWARK | State NJ | Zip Code 07101 |
| Purpose of Disbursement SEE MEMO ENTRIES | Category/ Type 001 | Amount of Each Disbursement this Period 3953.87 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Transaction ID : SB17.114019 <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 3953.87 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 118 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. HAMPTON INN | | Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016 |
| Mailing Address 180 CHARLOTTE DRIVE | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16601 |
| Purpose of Disbursement LODGING | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 929.38 | |
| 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) ▼ | Transaction ID : SB17.114065 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES | | Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016 |
| Mailing Address 2702 LOVE FIELD DR. | | FEC Identification Number C |
| City DALLAS | State TX | Zip Code 75235 |
| Purpose of Disbursement AIRFARE | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 1235.96 | |
| 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) ▼ | Transaction ID : SB17.114066 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES | | Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016 |
| Mailing Address PO BOX 619612 MD 2400 | | FEC Identification Number C |
| City DALLAS | State TX | Zip Code 75261 |
| Purpose of Disbursement AIRFARE | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 1759.75 | |
| 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) ▼ | Transaction ID : SB17.114067 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 119 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016 | |
| Mailing Address PO BOX 1270 | | | FEC Identification Number C | |
| City NEWARK | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 243.70 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.114021 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2016 | |
| Mailing Address PO BOX 1270 | | | FEC Identification Number C | |
| City NEWARK | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 1129.81 | |
| Purpose of Disbursement SEE MEMO ENTRIES | | Category/ Type 001 | Transaction ID : SB17.114020 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2016 | |
| Mailing Address PO BOX 619612 MD 2400 | | | FEC Identification Number C | |
| City DALLAS | State TX | Zip Code 75261 | Amount of Each Disbursement this Period 757.30 | |
| Purpose of Disbursement AIRFARE | | Category/ Type 001 | Transaction ID : SB17.114061 | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1373.51 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 120 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. AT&T | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2016 | |
| Mailing Address PO BOX 9001309 | | | FEC Identification Number C | |
| City LOUISVILLE | State KY | Zip Code 40290 | Amount of Each Disbursement this Period 100.00 | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.114062 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. HAMPTON INN | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2016 | |
| Mailing Address 180 CHARLOTTE DRIVE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 119.64 | |
| Purpose of Disbursement LODGING | | Category/ Type 001 | Transaction ID : SB17.114063 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. SHEETZ INC | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2016 | |
| Mailing Address 5700 SIXTH AVENUE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 127.17 | |
| Purpose of Disbursement TRAVEL EXPENSES | | Category/ Type 001 | Transaction ID : SB17.114064 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 121 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2016 |
| Mailing Address 5555 HILTON STE 106 | | FEC Identification Number C |
| City BATON ROGUE | State LA | Zip Code 70808 |
| Purpose of Disbursement CC TRANSACTION FEES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 79.20 |
| 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: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016 |
| Mailing Address 5555 HILTON STE 106 | | FEC Identification Number C |
| City BATON ROGUE | State LA | Zip Code 70808 |
| Purpose of Disbursement CC TRANSACTION FEES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 48.90 |
| 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: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016 |
| Mailing Address 5555 HILTON STE 106 | | FEC Identification Number C |
| City BATON ROGUE | State LA | Zip Code 70808 |
| Purpose of Disbursement CC TRANSACTION FEES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 378.09 |
| 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: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 506.19 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 122 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. ATLANTIC BROADBAND | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | | |
| Mailing Address BOX 371801 | | | FEC Identification Number C | | |
| City PITTSBURGH | State PA | Zip Code 15250 | Amount of Each Disbursement this Period 1191.37 | | |
| Purpose of Disbursement INTERNET | | Category/ Type 001 | Transaction ID : SB17.113763 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. ATLANTIC BROADBAND | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address BOX 371801 | | | FEC Identification Number C | | |
| City PITTSBURGH | State PA | Zip Code 15250 | Amount of Each Disbursement this Period 594.54 | | |
| Purpose of Disbursement INTERNET | | Category/ Type 001 | Transaction ID : SB17.113825 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. ATLANTIC BROADBAND | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address BOX 371801 | | | FEC Identification Number C | | |
| City PITTSBURGH | State PA | Zip Code 15250 | Amount of Each Disbursement this Period 167.16 | | |
| Purpose of Disbursement INTERNET | | Category/ Type 001 | Transaction ID : SB17.113912 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1953.07 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 123 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. ATLANTIC BROADBAND | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address BOX 371801 | | | FEC Identification Number C | | |
| City PITTSBURGH | State PA | Zip Code 15250 | Amount of Each Disbursement this Period 107.96 | | |
| Purpose of Disbursement INTERNET | | Category/ Type 001 | Transaction ID : SB17.113965 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. ATLANTIC BROADBAND | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address BOX 371801 | | | FEC Identification Number C | | |
| City PITTSBURGH | State PA | Zip Code 15250 | Amount of Each Disbursement this Period 565.75 | | |
| Purpose of Disbursement INTERNET | | Category/ Type 001 | Transaction ID : SB17.113967 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. ATLANTIC BROADBAND | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address BOX 371801 | | | FEC Identification Number C | | |
| City PITTSBURGH | State PA | Zip Code 15250 | Amount of Each Disbursement this Period 916.01 | | |
| Purpose of Disbursement INTERNET | | Category/ Type 001 | Transaction ID : SB17.113968 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1589.72 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 124 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. ATLANTIC BROADBAND | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | | |
| Mailing Address BOX 371801 | | | FEC Identification Number C | | |
| City PITTSBURGH | State PA | Zip Code 15250 | Amount of Each Disbursement this Period 600.76 | | |
| Purpose of Disbursement INTERNET | | Category/ Type 001 | Transaction ID : SB17.114129 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. BEDFORD JUNIOR LIFESTOCK SALE | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016 | | |
| Mailing Address 108 TELEGRAPH ROAD | | | FEC Identification Number C | | |
| City BEDFORD | State PA | Zip Code 15522 | Amount of Each Disbursement this Period 1670.00 | | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Transaction ID : SB17.114002 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. BEENER, ASHLEY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016 | | |
| Mailing Address 701 THOMPSON AVE | | | FEC Identification Number C | | |
| City DONORA | State PA | Zip Code 15033 | Amount of Each Disbursement this Period 581.16 | | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.113978 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2851.92 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 125 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. BENZELS BRETZEL BAKERY | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address 5200 SIXTH AVENUE | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 50.00 | | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.113913 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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. BERKE FARAH LLP | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | | |
| Mailing Address 2101 L STREET NW STE. 1000 | | | FEC Identification Number C | | |
| City WASHINGTON | State DC | Zip Code 20037 | Amount of Each Disbursement this Period 1500.00 | | |
| Purpose of Disbursement LEGAL CONSULTING | | Category/ Type 001 | Transaction ID : SB17.113764 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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) C. BERKE FARAH LLP | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 2101 L STREET NW STE. 1000 | | | FEC Identification Number C | | |
| City WASHINGTON | State DC | Zip Code 20037 | Amount of Each Disbursement this Period 3819.21 | | |
| Purpose of Disbursement LEGAL CONSULTING | | Category/ Type 001 | Transaction ID : SB17.113826 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 5369.21 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 126 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|--|--|------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. BERKE FARAH LLP | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016 | | |
| Mailing Address 2101 L STREET NW STE. 1000 | | | | | |
| City WASHINGTON | State DC | Zip Code 20037 | FEC Identification Number C | | |
| Purpose of Disbursement LEGAL CONSULTING | | Category/ Type 001 | Amount of Each Disbursement this Period 3329.00 | | |
| Candidate Name | | Transaction ID : SB17.113979 | | | |
| 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) ▼ | | <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

| | | | | | |
|--|--|------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. BIG A BOOSTER CLUB | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address 1415 SIXTH AVENUE | | | | | |
| City ALTOONA | State PA | Zip Code 16602 | FEC Identification Number C | | |
| Purpose of Disbursement ADVERTISING | | Category/ Type 001 | Amount of Each Disbursement this Period 350.00 | | |
| Candidate Name | | Transaction ID : SB17.113914 | | | |
| 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) ▼ | | <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

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|--|--|------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. BISHOP GUILFOYLE H.S. ATHLETIC DEPT | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016 | | |
| Mailing Address ATTN: MRS LYNN ADAMS 2400 PLEASANT VALLEY BLVD | | | | | |
| City ALTOONA | State PA | Zip Code 16602 | FEC Identification Number C | | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Amount of Each Disbursement this Period 350.00 | | |
| Candidate Name | | Transaction ID : SB17.113752 | | | |
| 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) ▼ | | <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4029.00 |
| TOTAL This Period (last page this line number only)..... | 4029.00 |

**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 127 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. BLAIR CO REPUBLICAN COMMITTEE | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address C/O BETH BRITZ 1009 NEWRY LANE | | | | | |
| City DUNCANSVILLE | State PA | Zip Code 16635 | FEC Identification Number C | | |
| Purpose of Disbursement OFFICE RENT | | Category/ Type 001 | Amount of Each Disbursement this Period 750.00 | | |
| Candidate Name BLAIR CO REPUBLICAN COMMITTEE | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | | | |

| | | | | | |
|---|------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. BOOCKS, MEGHAN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 511 PAYNE HILL ROAD APT 212 | | | | | |
| City JEFFERSON HILLS | State PA | Zip Code 15025 | FEC Identification Number C | | |
| Purpose of Disbursement SEE MEMO ENTRIES | | Category/ Type 001 | Amount of Each Disbursement this Period 1133.66 | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | | | |

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|---|------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. BOOCKS, MEGHAN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 511 PAYNE HILL ROAD APT 212 | | | | | |
| City JEFFERSON HILLS | State PA | Zip Code 15025 | FEC Identification Number C | | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Amount of Each Disbursement this Period 1009.12 | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1883.66 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 128 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. BOOCKS, MEGHAN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2016 | |
| Mailing Address 511 PAYNE HILL ROAD APT 212 | | | FEC Identification Number C | |
| City JEFFERSON HILLS | State PA | Zip Code 15025 | Amount of Each Disbursement this Period 2099.04 | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.114106 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. BROADRICK, MARK, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016 | |
| Mailing Address 301 SEAWAT AVENUE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 1200.00 | |
| Purpose of Disbursement OFFICE RENT | | Category/ Type 001 | Transaction ID : SB17.113977 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. BROADRICK, MARK, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016 | |
| Mailing Address 301 SEAWAT AVENUE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement OFFICE RENT | | Category/ Type 001 | Transaction ID : SB17.114171 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 4299.04 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 129 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. BULL, NANCY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 322 RIDGE AVENUE | | | FEC Identification Number C | | |
| City WAYNESBORO | State PA | Zip Code 17268 | Amount of Each Disbursement this Period 100.00 | | |
| Purpose of Disbursement NO ITEMIZATION NECESSARY MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.113849 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. BULL, NANCY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016 | | |
| Mailing Address 322 RIDGE AVENUE | | | FEC Identification Number C | | |
| City WAYNESBORO | State PA | Zip Code 17268 | Amount of Each Disbursement this Period 174.94 | | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.113872 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. BULL, NANCY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address 322 RIDGE AVENUE | | | FEC Identification Number C | | |
| City WAYNESBORO | State PA | Zip Code 17268 | Amount of Each Disbursement this Period 76.00 | | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.113948 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 350.94 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 130 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|--|--|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. BURGESON, ERIC, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016 | | |
| Mailing Address 2403 N. UTAH ST. | | | | | |
| City ARLINGTON | State VA | Zip Code 22207 | FEC Identification Number C | | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Amount of Each Disbursement this Period 68.50 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID : SB17.113754 <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

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|--|--|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. BURGESON, ERIC, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016 | | |
| Mailing Address 2403 N. UTAH ST. | | | | | |
| City ARLINGTON | State VA | Zip Code 22207 | FEC Identification Number C | | |
| Purpose of Disbursement SEE MEMO ENTRY | | Category/ Type 001 | Amount of Each Disbursement this Period 70.00 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID : SB17.114041 <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

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|--|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016 | | |
| Mailing Address 800 MARKET STREET 7TH FLOOR | | | | | |
| City SAN FRANCISCO | State CA | Zip Code 94115 | FEC Identification Number C | | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Amount of Each Disbursement this Period 70.00 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID : SB17.114042 <input checked="" type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 138.50 |
| TOTAL This Period (last page this line number only)..... | 138.50 |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 131 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. CAMBRIA COUNTY REPUBLICAN PARTY | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | | |
| Mailing Address 450 LURAY AVENUE | | | FEC Identification Number C | | |
| City JOHSTOWN | State PA | Zip Code 15904 | Amount of Each Disbursement this Period 1000.00 | | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type 001 | Transaction ID : SB17.113765 | | |
| Candidate Name CAMBRIA COUNTY REPUBLICAN PARTY | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. CAVANAGH, SEAN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2016 | | |
| Mailing Address 23 LINDSAY DRIVE | | | FEC Identification Number C | | |
| City UNIONTOWN | State PA | Zip Code 15401 | Amount of Each Disbursement this Period 1000.00 | | |
| Purpose of Disbursement IN-KIND: ADVERTISING | | Category/ Type | Transaction ID : SB17.114163 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. CMDI | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2016 | | |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | | FEC Identification Number C | | |
| City TYSONS CORNER | State VA | Zip Code 22182 | Amount of Each Disbursement this Period 15.60 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.114004 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2015.60 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 132 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. CMDI | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2016 | | |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | | FEC Identification Number C | | |
| City TYSONS CORNER | State VA | Zip Code 22182 | Amount of Each Disbursement this Period 283.90 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.114005 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. CMDI | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016 | | |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | | FEC Identification Number C | | |
| City TYSONS CORNER | State VA | Zip Code 22182 | Amount of Each Disbursement this Period 188.40 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.114006 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. CMDI | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016 | | |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | | FEC Identification Number C | | |
| City TYSONS CORNER | State VA | Zip Code 22182 | Amount of Each Disbursement this Period 5.30 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.114007 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 477.60 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 133 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016 |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | FEC Identification Number C |
| City TYSONS CORNER | State VA | Zip Code 22182 |
| Purpose of Disbursement CC TRANSACTION FEES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 10.90 |
| 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: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016 |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | FEC Identification Number C |
| City TYSONS CORNER | State VA | Zip Code 22182 |
| Purpose of Disbursement CC TRANSACTION FEES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 4.20 |
| 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2016 |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | FEC Identification Number C |
| City TYSONS CORNER | State VA | Zip Code 22182 |
| Purpose of Disbursement CC TRANSACTION FEES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 12.30 |
| 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: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 27.40 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 134 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. COMMUNITY FOUNDATION OF FAYETTE COUNTY | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 2 W MAIN ST #101 | | | FEC Identification Number C | | |
| City UNIONTOWN | State PA | Zip Code 15401 | Amount of Each Disbursement this Period 275.00 | | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type 001 | Transaction ID : SB17.113834 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. CONNELLSVILLE AREA COMMUNITY MINISTRIES | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016 | | |
| Mailing Address 110 W CRAWFORD AVE | | | FEC Identification Number C | | |
| City CONNELLSVILLE | State PA | Zip Code 15425 | Amount of Each Disbursement this Period 2500.00 | | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Transaction ID : SB17.114173 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. CONTRES, CASEY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 2213 7TH AVE APT. A | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 735.66 | | |
| Purpose of Disbursement SEE MEMO ENTRIES | | Category/ Type 001 | Transaction ID : SB17.113830 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 3510.66 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 135 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. CONTRES, CASEY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | |
| Mailing Address 2213 7TH AVE APT. A | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 215.60 | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.113831 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. HAMPTON INN | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | |
| Mailing Address 180 CHARLOTTE DRIVE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 355.83 | |
| Purpose of Disbursement LODGING | | Category/ Type 001 | Transaction ID : SB17.113832 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | |
| Mailing Address 800 MARKET STREET 7TH FLOOR | | | FEC Identification Number C | |
| City SAN FRANCISCO | State CA | Zip Code 94115 | Amount of Each Disbursement this Period 164.23 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.113833 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 136 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CONTRES, CASEY, , , | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016 |
| Mailing Address 2213 7TH AVE APT. A | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement MILEAGE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 864.28 |
| 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. COPY RITE & BANNER ZONE | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 |
| Mailing Address 301 ALLEGHENY STREET | | FEC Identification Number C |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 |
| Purpose of Disbursement PRINTING | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 515.69 |
| 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: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. COPY RITE & BANNER ZONE | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016 |
| Mailing Address 301 ALLEGHENY STREET | | FEC Identification Number C |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 |
| Purpose of Disbursement PRINTING | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 48.50 |
| 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: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1428.47 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 137 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. COPY RITE & BANNER ZONE | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 301 ALLEGHENY STREET | | | FEC Identification Number C | | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 55.65 | | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : SB17.113835 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. COPY RITE & BANNER ZONE | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address 301 ALLEGHENY STREET | | | FEC Identification Number C | | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 53.00 | | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : SB17.113916 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. COPY RITE & BANNER ZONE | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016 | | |
| Mailing Address 301 ALLEGHENY STREET | | | FEC Identification Number C | | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 85.33 | | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : SB17.113982 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 193.98 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 138 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. COPY RITE & BANNER ZONE | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address 301 ALLEGHENY STREET | | | FEC Identification Number C | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 6.83 | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : SB17.114130 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. DIRECT PURCHASING SOLUTIONS | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address 307 4TH AVE BANK TOWER SUITE 1008 | | | FEC Identification Number C | |
| City PITTSBURGH | State PA | Zip Code 15222 | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.113767 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. DIRECT PURCHASING SOLUTIONS | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | |
| Mailing Address 307 4TH AVE BANK TOWER SUITE 1008 | | | FEC Identification Number C | |
| City PITTSBURGH | State PA | Zip Code 15222 | Amount of Each Disbursement this Period 250.00 | |
| Purpose of Disbursement OFFICE EQUIPMENT | | Category/ Type 001 | Transaction ID : SB17.113917 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1256.83 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 139 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT PURCHASING SOLUTIONS

Mailing Address 307 4TH AVE
BANK TOWER SUITE 1008

City PITTSBURGH State PA Zip Code 15222

Purpose of Disbursement OFFICE EQUIPMENT 001

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 23 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 1750.00

Transaction ID : SB17.114131

Memo Item

Full Name (Last, First, Middle Initial)

B. DREAMS GO ON TRAIL RIDE

Mailing Address C/O BETSY LEHMAN
315 QUINCE COURT

City HOLLIDAYSBURG State PA Zip Code 16648

Purpose of Disbursement TRAIL MAKING SPONSOR 001

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 350.00

Transaction ID : SB17.113734

Memo Item

Full Name (Last, First, Middle Initial)

C. DREW MICHAEL TAYLOR FOUNDATION

Mailing Address 402 RICHWALTER AVE

City SHIPPENSBURG State PA Zip Code 17257

Purpose of Disbursement EVENT TICKETS 001

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 150.00

Transaction ID : SB17.113836

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2250.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 140 OF 200 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. EAGLE PAC | | Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016 |
| Mailing Address PO BOX 6312 | | FEC Identification Number C C00572123 |
| City LIBERTYVILLE | State IL | Zip Code 60048 |
| Purpose of Disbursement IN-KIND:EVENT CATERING | | Amount of Each Disbursement this Period 2028.87 |
| Candidate Name EAGLE PAC | | Transaction ID : SB17.113877 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. ELECTEKUSA | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 |
| Mailing Address PO BOX 23715 | | FEC Identification Number C |
| City CHAGRIN FALLS | State OH | Zip Code 44023 |
| Purpose of Disbursement SOFTWARE | | Amount of Each Disbursement this Period 2390.00 |
| Candidate Name | | Transaction ID : SB17.113768 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ELECTEKUSA | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 |
| Mailing Address PO BOX 23715 | | FEC Identification Number C |
| City CHAGRIN FALLS | State OH | Zip Code 44023 |
| Purpose of Disbursement SOFTWARE | | Amount of Each Disbursement this Period 2422.56 |
| Candidate Name | | Transaction ID : SB17.113838 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 6841.43 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 141 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. ELECTEKUSA | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016 | | |
| Mailing Address PO BOX 23715 | | | FEC Identification Number C | | |
| City CHAGRIN FALLS | State OH | Zip Code 44023 | Amount of Each Disbursement this Period 2416.21 | | |
| Purpose of Disbursement SOFTWARE | | Category/ Type 001 | Transaction ID : SB17.113983 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. FAYETTE CO ASSOC OF TWP SUPERVISORS | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016 | | |
| Mailing Address LEIGH KLINK, FCATO SECRETARY PO BOX 87 | | | FEC Identification Number C | | |
| City NEW SALEM | State PA | Zip Code 15468 | Amount of Each Disbursement this Period 100.00 | | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type 001 | Transaction ID : SB17.113870 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. FAYETTE COUNTY FAIR | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016 | | |
| Mailing Address 132 PECHIN RD | | | FEC Identification Number C | | |
| City DUNBAR | State PA | Zip Code 15431 | Amount of Each Disbursement this Period 998.00 | | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Transaction ID : SB17.113871 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 3514.21 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 142 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. FAYETTE FESTIVALS | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address 246 W MAIN STREET | | | FEC Identification Number C | | |
| City UNIONTOWN | State PA | Zip Code 15401 | Amount of Each Disbursement this Period 500.00 | | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Transaction ID : SB17.113918 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. FAYETTE HOLDINGS LIMITED | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | | |
| Mailing Address 52 W MAIN ST | | | FEC Identification Number C | | |
| City UNIONTOWN | State PA | Zip Code 15401 | Amount of Each Disbursement this Period 600.00 | | |
| Purpose of Disbursement OFFICE RENT | | Category/ Type 001 | Transaction ID : SB17.113735 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. FCMC FOUNDATION | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 214 PEACH ORCHARD ROAD | | | FEC Identification Number C | | |
| City MCCONNELLSBURG | State PA | Zip Code 17233 | Amount of Each Disbursement this Period 400.00 | | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type 001 | Transaction ID : SB17.113840 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 143 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. FIRST COMMONWEALTH BANK | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address CREDIT CARD DEPT PO BOX 0537 | | | FEC Identification Number C | |
| City INDIANA | State PA | Zip Code 15701 | Amount of Each Disbursement this Period 2576.50 | |
| Purpose of Disbursement SEE MEMO ENTRIES | | Category/ Type 001 | Transaction ID : SB17.113769 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. APPLIANCE OUTLET | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address 3221 PA 764 | | | FEC Identification Number C | |
| City DUNCANSVILLE | State PA | Zip Code 16635 | Amount of Each Disbursement this Period 316.94 | |
| Purpose of Disbursement OFFICE EQUIPMENT | | Category/ Type 001 | Transaction ID : SB17.114086 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. ATLANTIC BROADBAND | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address BOX 371801 | | | FEC Identification Number C | |
| City PITTSBURGH | State PA | Zip Code 15250 | Amount of Each Disbursement this Period 106.96 | |
| Purpose of Disbursement INTERNET | | Category/ Type 001 | Transaction ID : SB17.114087 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2576.50 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 144 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. BLACK DOG COFFEE & CATERING | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 |
| Mailing Address 519 ALLEGHENY STREET | | FEC Identification Number C |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 |
| Purpose of Disbursement MEETING EXPENSE | Category/ Type 001 | Amount of Each Disbursement this Period 197.05 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : SB17.114088 <input checked="" type="checkbox"/> Memo Item |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. JIMMY JOHNS | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 |
| Mailing Address 795 PHILADELPHIA ST. | | FEC Identification Number C |
| City INDIANA | State PA | Zip Code 15701 |
| Purpose of Disbursement MEETING EXPENSE | Category/ Type 001 | Amount of Each Disbursement this Period 19.40 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : SB17.114089 <input checked="" type="checkbox"/> Memo Item |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. SAMS CLUB | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 |
| Mailing Address PO BOX 9001907 | | FEC Identification Number C |
| City LOUISVILLE | State KY | Zip Code 40290 |
| Purpose of Disbursement EVENT SUPPLIES | Category/ Type 001 | Amount of Each Disbursement this Period 147.63 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : SB17.114090 <input checked="" type="checkbox"/> Memo Item |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 145 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. SHEETZ INC | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address 5700 SIXTH AVENUE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 75.00 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.114091 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. STAPLES | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 1306.62 | |
| Purpose of Disbursement OFFICE EQUIPMENT | | Category/ Type 001 | Transaction ID : SB17.114092 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. USPS | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address 525 ALLEGHENY STREET | | | FEC Identification Number C | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 96.60 | |
| Purpose of Disbursement POSTAGE | | Category/ Type 001 | Transaction ID : SB17.114093 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 146 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. WAL-MART | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | | |
| Mailing Address 702 SW 8TH ST | | | FEC Identification Number C | | |
| City BENTONVILLE | State AR | Zip Code 72716 | Amount of Each Disbursement this Period 180.66 | | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.114094 | | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. FIRST COMMONWEALTH BANK | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address CREDIT CARD DEPT PO BOX 0537 | | | FEC Identification Number C | | |
| City INDIANA | State PA | Zip Code 15701 | Amount of Each Disbursement this Period 1461.43 | | |
| Purpose of Disbursement SEE MEMO ENTRIES | | Category/ Type 001 | Transaction ID : SB17.113919 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. DELGROSSO FOODS | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address 632 SAUCE FACTORY DR | | | FEC Identification Number C | | |
| City TIPTON | State PA | Zip Code 16684 | Amount of Each Disbursement this Period 135.00 | | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.113922 | | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1461.43 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 147 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. HOME DEPOT | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 |
| Mailing Address 4640 ROOSEVELT BLVD | | FEC Identification Number C |
| City PHILADELPHIA | State PA | Zip Code 19124 |
| Purpose of Disbursement EVENT SUPPLIES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 18.54 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. JETHROS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 |
| Mailing Address 417 PARKVIEW LANE | | FEC Identification Number C |
| City | State | Zip Code 16601 |
| Purpose of Disbursement MEETING EXPENSE | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 170.15 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. MARZONI'S | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 |
| Mailing Address 165 PATCHWAY ROAD | | FEC Identification Number C |
| City DUNCANSVILLE | State PA | Zip Code 16635 |
| Purpose of Disbursement MEETING EXPENSE | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 77.44 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 148 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. SAMS CLUB | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 |
| Mailing Address PO BOX 9001907 | | FEC Identification Number C |
| City LOUISVILLE | State KY | Zip Code 40290 |
| Purpose of Disbursement EVENT SUPPLIES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 198.10 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. SHEETZ INC | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 |
| Mailing Address 5700 SIXTH AVENUE | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement TRAVEL EXPENSE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 86.60 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. STAPLES | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement OFFICE SUPPLIES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 115.40 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 149 OF 200 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. USPS | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | |
| Mailing Address 525 ALLEGHENY STREET | | | FEC Identification Number C | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 42.30 | |
| Purpose of Disbursement POSTAGE | | Category/ Type 001 | Transaction ID : SB17.113932 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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. WAL-MART | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | |
| Mailing Address 702 SW 8TH ST | | | FEC Identification Number C | |
| City BENTONVILLE | State AR | Zip Code 72716 | Amount of Each Disbursement this Period 111.35 | |
| Purpose of Disbursement EVENT SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.113933 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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) C. FIRST COMMONWEALTH BANK | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address CREDIT CARD DEPT PO BOX 0537 | | | FEC Identification Number C | |
| City INDIANA | State PA | Zip Code 15701 | Amount of Each Disbursement this Period 3320.92 | |
| Purpose of Disbursement SEE MEMO ENTRIES | | Category/ Type 001 | Transaction ID : SB17.114132 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 3320.92 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 150 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. SHEETZ INC | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address 5700 SIXTH AVENUE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 383.56 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.114148 | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | |
| 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. STAPLES | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 473.93 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.114149 | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. SAMS CLUB | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address PO BOX 9001907 | | | FEC Identification Number C | |
| City LOUISVILLE | State KY | Zip Code 40290 | Amount of Each Disbursement this Period 306.95 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.114150 | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 151 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. CREEKSIDE INN | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address BEDFORD STREET | | | FEC Identification Number C | |
| City FREEDOM | State PA | Zip Code 16637 | Amount of Each Disbursement this Period 216.42 | |
| Purpose of Disbursement LODGING | | Category/ Type 001 | Transaction ID : SB17.114151 | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | |
| 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: _____ | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. FIORE TRUE VALUE HARDWARE | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address 5514 SIXTH AVENUE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 678.29 | |
| Purpose of Disbursement EVENT SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.114152 | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | |
| 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: _____ | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. APPLIANCE OUTLET | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address 3221 PA 764 | | | FEC Identification Number C | |
| City DUNCANVILLE | State PA | Zip Code 16635 | Amount of Each Disbursement this Period 350.00 | |
| Purpose of Disbursement OFFICE EQUIPMENT | | Category/ Type 001 | Transaction ID : SB17.114153 | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | |
| 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: _____ | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 152 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 |
| Mailing Address 525 ALLEGHENY STREET | | FEC Identification Number C |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 |
| Purpose of Disbursement POSTAGE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 57.45 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. KINGS FAMILY RESTAURANT | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 |
| Mailing Address 1180 NORTH CENTER AVENUE | | FEC Identification Number C |
| City SOMERSET | State PA | Zip Code 15501 |
| Purpose of Disbursement MEETING EXPENSE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 27.83 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 |
| Mailing Address 2 CONVENTION CENTER BLVD | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement LODGING | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 241.70 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 153 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. WAL-MART | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 |
| Mailing Address 702 SW 8TH ST | | FEC Identification Number C |
| City BENTONVILLE | State AR | Zip Code 72716 |
| Purpose of Disbursement OFFICE SUPPLIES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 51.03 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. BLACK DOG COFFEE & CATERING | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 |
| Mailing Address 519 ALLEGHENY STREET | | FEC Identification Number C |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 |
| Purpose of Disbursement MEETING EXPENSE | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 56.00 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. MARZONI'S | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 |
| Mailing Address 165 PATCHWAY ROAD | | FEC Identification Number C |
| City DUNCANSVILLE | State PA | Zip Code 16635 |
| Purpose of Disbursement MEETING EXPENSE | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 80.04 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 154 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. FORD CREDIT | | Date of Disbursement |
| Mailing Address BOX 220564 | | M M / D D / Y Y Y Y 07 / 18 / 2016 |
| City PITTSBURGH | State PA | Zip Code 15257 |
| Purpose of Disbursement CAMPAIGN TRANSPORTATION | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period |
| 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: | Transaction ID : SB17.114011 | |
| | | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. FORD CREDIT | | Date of Disbursement |
| Mailing Address BOX 220564 | | M M / D D / Y Y Y Y 08 / 16 / 2016 |
| City PITTSBURGH | State PA | Zip Code 15257 |
| Purpose of Disbursement CAMPAIGN TRANSPORTATION | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period |
| 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: | Transaction ID : SB17.114012 | |
| | | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. FORD CREDIT | | Date of Disbursement |
| Mailing Address BOX 220564 | | M M / D D / Y Y Y Y 09 / 16 / 2016 |
| City PITTSBURGH | State PA | Zip Code 15257 |
| Purpose of Disbursement CAMPAIGN TRANSPORTATION | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period |
| 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: | Transaction ID : SB17.114040 | |
| | | <input type="checkbox"/> Memo Item |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1232.31 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 155 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN RAFFERTY | | Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016 |
| Mailing Address PO BOX 11757 | | FEC Identification Number C |
| City HARRISBURG | State PA | Zip Code 17108 |
| Purpose of Disbursement EVENT TICKETS | Category/ Type 001 | Amount of Each Disbursement this Period 250.00 |
| Candidate Name FRIENDS OF JOHN RAFFERTY | 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: | Transaction ID : SB17.113883 <input type="checkbox"/> Memo Item | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. FRIENDS OF NRA | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 |
| Mailing Address 298 MORGANTOWN ST. | | FEC Identification Number C |
| City UNIONTOWN | State PA | Zip Code 15401 |
| Purpose of Disbursement EVENT TICKETS | Category/ Type 001 | Amount of Each Disbursement this Period 150.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Transaction ID : SB17.113934 <input type="checkbox"/> Memo Item | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) C. FULTON COUNTY CHAMBER OF COMMERCE | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 |
| Mailing Address 101 LINCOLN WAY WEST STE. 102 | | FEC Identification Number C |
| City MCCONNELLSBURG | State PA | Zip Code 17233 |
| Purpose of Disbursement ADVERTISING | Category/ Type 001 | Amount of Each Disbursement this Period 150.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Transaction ID : SB17.113936 <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 550.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 156 OF 200 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. FULTON COUNTY FAIR ASSOC. | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address 888 LINCOLN WAY E | | | FEC Identification Number C | |
| City MCCONNELLSBURG | State PA | Zip Code 17233 | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement ADVERTISING | | Category/ Type 001 | Transaction ID : SB17.114133 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. GIRLS NIGHT OUT ALTOONA INC. | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016 | |
| Mailing Address 1404 BRETON CIRCLE | | | FEC Identification Number C | |
| City BOALSBURG | State PA | Zip Code 16827 | Amount of Each Disbursement this Period 200.00 | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Transaction ID : SB17.114172 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. GREATER WAYNESBORO CHAMBER OF COMMERCE | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address 5 ROADSIDE AVENUE | | | FEC Identification Number C | |
| City WAYNESBORO | State PA | Zip Code 17268 | Amount of Each Disbursement this Period 150.00 | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Transaction ID : SB17.113737 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 850.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 157 OF 200 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. GREATER WAYNESBORO CHAMBER OF COMMERCE | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | |
| Mailing Address 5 ROADSIDE AVENUE | | | FEC Identification Number C | |
| City WAYNESBORO | State PA | Zip Code 17268 | Amount of Each Disbursement this Period 186.00 | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Transaction ID : SB17.113939 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. GROSSMAN, ANDREW, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address 3714 LEYLAND DR | | | FEC Identification Number C | |
| City MECHANICSBURG | State PA | Zip Code 17050 | Amount of Each Disbursement this Period 1202.06 | |
| Purpose of Disbursement SEE BELOW | | Category/ Type 001 | Transaction ID : SB17.113723 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. CVS PHARMACY | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address 3200 PLEASANT VALLEY BLVD | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 17.46 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.113729 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1388.06 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 158 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. GROSSMAN, ANDREW, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | | |
| Mailing Address 3714 LEYLAND DR | | | FEC Identification Number C | | |
| City MECHANICSBURG | State PA | Zip Code 17050 | Amount of Each Disbursement this Period 982.24 | | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.113733 | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. GROSSMAN, ANDREW, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016 | | |
| Mailing Address 3714 LEYLAND DR | | | FEC Identification Number C | | |
| City MECHANICSBURG | State PA | Zip Code 17050 | Amount of Each Disbursement this Period 806.42 | | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.113787 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. GUCKENHEIMER AT UNION PACIFIC | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 1400 DOUGLAS ST | | | FEC Identification Number C | | |
| City OMAHA | State NE | Zip Code 68179 | Amount of Each Disbursement this Period 261.57 | | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.113842 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1067.99 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 159 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. HOLLIDAYSBURG AREA YOUTH FOOTBALL ASSOC. | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | |
| Mailing Address PO BOX 96 | | | FEC Identification Number C | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 100.00 | |
| Purpose of Disbursement ADVERTISING | | Category/ Type 001 | Transaction ID : SB17.113940 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. HOME HELPERS | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | |
| Mailing Address 911 S SCOTCH VALLEY RD STE D | | | FEC Identification Number C | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 250.00 | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Transaction ID : SB17.113941 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. HOOKIES FIRE COMPANY | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016 | |
| Mailing Address 1216 BLAIR AVE | | | FEC Identification Number C | |
| City TYRONE | State PA | Zip Code 16686 | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type 001 | Transaction ID : SB17.113984 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 850.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 160 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. HUNTINGDON COUNTY GOP | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | | |
| Mailing Address PO BOX 61 | | | FEC Identification Number C | | |
| City HUNTINGDON | State PA | Zip Code 16652 | Amount of Each Disbursement this Period 1000.00 | | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type 001 | Transaction ID : SB17.113738 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. I360 | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | | |
| Mailing Address PO BOX 37046 | | | FEC Identification Number C | | |
| City BALTIMORE | State MD | Zip Code 21297 | Amount of Each Disbursement this Period 500.00 | | |
| Purpose of Disbursement SOFTWARE | | Category/ Type 001 | Transaction ID : SB17.113772 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. I360 | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address PO BOX 37046 | | | FEC Identification Number C | | |
| City BALTIMORE | State MD | Zip Code 21297 | Amount of Each Disbursement this Period 639.86 | | |
| Purpose of Disbursement SOFTWARE | | Category/ Type 001 | Transaction ID : SB17.113843 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2139.86 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 161 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. I360 | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016 | | |
| Mailing Address PO BOX 37046 | | | FEC Identification Number C | | |
| City BALTIMORE | State MD | Zip Code 21297 | Amount of Each Disbursement this Period 656.07 | | |
| Purpose of Disbursement SOFTWARE | | Category/ Type 001 | Transaction ID : SB17.113985 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. IMLER'S POULTRY | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address PO BOX 836 | | | FEC Identification Number C | | |
| City DUNCANSVILLE | State PA | Zip Code 16635 | Amount of Each Disbursement this Period 779.71 | | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | Transaction ID : SB17.113943 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. KANIA, ROB, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016 | | |
| Mailing Address 1616 COOK SCHOOL ROAD | | | FEC Identification Number C | | |
| City UPPER ST. CLAIR | State PA | Zip Code 15241 | Amount of Each Disbursement this Period 1000.00 | | |
| Purpose of Disbursement IN-KIND: OFFICE EQUIPMENT | | Category/ Type | Transaction ID : SB17.114315 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2435.78 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 162 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. KEN WERTZ HAULING, INC. | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | | |
| Mailing Address 2567 W LOOP RD | | | FEC Identification Number C | | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 180.00 | | |
| Purpose of Disbursement OFFICE EXPENSE | | Category/ Type 001 | Transaction ID : SB17.113773 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. KENDALL, EMILY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 566 MEADOW GROUND RD | | | FEC Identification Number C | | |
| City MCCONNELLSBURG | State PA | Zip Code 17233 | Amount of Each Disbursement this Period 1239.11 | | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.113839 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. KENDALL, EMILY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016 | | |
| Mailing Address 566 MEADOW GROUND RD | | | FEC Identification Number C | | |
| City MCCONNELLSBURG | State PA | Zip Code 17233 | Amount of Each Disbursement this Period 1000.00 | | |
| Purpose of Disbursement FIELD CONSULTING | | Category/ Type 001 | Transaction ID : SB17.113875 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2419.11 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 163 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. KENDALL, EMILY, , , | | Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2016 |
| Mailing Address 566 MEADOW GROUND RD | | FEC Identification Number C |
| City MCCONNELLSBURG | State PA | Zip Code 17233 |
| Purpose of Disbursement FIELD CONSULTING | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 1200.00 |
| 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: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. KING COAL ASSOCIATION | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 |
| Mailing Address PO BOX 275 | | FEC Identification Number C |
| City CARMICHAELS | State PA | Zip Code 15230 |
| Purpose of Disbursement EVENT FACILITY RENTAL | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 75.00 |
| 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: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. KIWANIS CLUB OF ALTOONA | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 |
| Mailing Address PO BOX 419 | | FEC Identification Number C |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 |
| Purpose of Disbursement EVENT SPONSORSHIP | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 100.00 |
| 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: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1375.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 164 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. KTAADN GROUP | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address 850 29TH STREET | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 130.91 | |
| Purpose of Disbursement OFFICE EQUIPMENT REPAIR | | Category/ Type 001 | Transaction ID : SB17.114135 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. LANCER RESOURCES LP | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address 6034 W COURTYARD DR STE 205 | | | FEC Identification Number C | |
| City AUSTIN | State TX | Zip Code 78730 | Amount of Each Disbursement this Period 2700.00 | |
| Purpose of Disbursement UTILITIES | | Category/ Type 001 | Transaction ID : SB17.113739 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. LOCKER PLANT | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016 | |
| Mailing Address 422 E SOUTH ST | | | FEC Identification Number C | |
| City EVERETT | State PA | Zip Code 11537 | Amount of Each Disbursement this Period 493.84 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | Transaction ID : SB17.114013 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 3324.75 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 165 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. MAVERICK FINANCE | | Date of Disbursement |
| Mailing Address 403 N SECOND STREET 2ND FL | | M M / D D / Y Y Y Y 07 / 15 / 2016 |
| City HARRISBURG | State PA | Zip Code 17101 |
| Purpose of Disbursement FUNDRAISING CONSULTING | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period 7061.69 |
| 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) ▼ | Transaction ID : SB17.113774 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. MAVERICK FINANCE | | Date of Disbursement |
| Mailing Address 403 N SECOND STREET 2ND FL | | M M / D D / Y Y Y Y 08 / 09 / 2016 |
| City HARRISBURG | State PA | Zip Code 17101 |
| Purpose of Disbursement FUNDRAISING CONSULTING | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period 7000.00 |
| 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) ▼ | Transaction ID : SB17.113845 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. MAVERICK FINANCE | | Date of Disbursement |
| Mailing Address 403 N SECOND STREET 2ND FL | | M M / D D / Y Y Y Y 09 / 06 / 2016 |
| City HARRISBURG | State PA | Zip Code 17101 |
| Purpose of Disbursement FUNDRAISING CONSULTING | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period 7000.00 |
| 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) ▼ | Transaction ID : SB17.113986 |
| State: District: | | <input type="checkbox"/> Memo Item |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 21061.69 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 166 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. MENDING HEARTS ANIMAL RESCUE | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | |
| Mailing Address 375 COVENTRY CT. | | | FEC Identification Number C | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 240.00 | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Transaction ID : SB17.113947 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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. MENZLER, TYLER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address 701 THOMPSON AVE | | | FEC Identification Number C | |
| City DONORA | State PA | Zip Code 15033 | Amount of Each Disbursement this Period 833.72 | |
| Purpose of Disbursement SEE MEMOS | | Category/ Type 001 | Transaction ID : SB17.113748 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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) C. AT&T | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address PO BOX 9001309 | | | FEC Identification Number C | |
| City LOUISVILLE | State KY | Zip Code 40290 | Amount of Each Disbursement this Period 152.42 | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.113749 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1073.72 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 167 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. MENZLER, TYLER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | | |
| Mailing Address 701 THOMPSON AVE | | | FEC Identification Number C | | |
| City DONORA | State PA | Zip Code 15033 | Amount of Each Disbursement this Period 681.30 | | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.113750 | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | | |
| 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. MENZLER, TYLER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016 | | |
| Mailing Address 701 THOMPSON AVE | | | FEC Identification Number C | | |
| City DONORA | State PA | Zip Code 15033 | Amount of Each Disbursement this Period 1306.13 | | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.113869 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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) C. MENZLER, TYLER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016 | | |
| Mailing Address 701 THOMPSON AVE | | | FEC Identification Number C | | |
| City DONORA | State PA | Zip Code 15033 | Amount of Each Disbursement this Period 747.75 | | |
| Purpose of Disbursement SEE MEMO ENTRIES | | Category/ Type 001 | Transaction ID : SB17.113884 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2053.88 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 168 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. OLLIE'S | | Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016 |
| Mailing Address 430 TRI COUNTY LANE | | FEC Identification Number C |
| City BELLE VERNON | State PA | Zip Code 15012 |
| Purpose of Disbursement OFFICE SUPPLIES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 217.27 |
| 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) ▼ | Transaction ID : SB17.113885 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. STAPLES | | Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016 |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement OFFICE SUPPLIES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 380.49 |
| 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) ▼ | Transaction ID : SB17.113886 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MICROSOFT ONLINE SERVICES | | Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016 |
| Mailing Address ONE MICROSOFT WAY | | FEC Identification Number C |
| City | State | Zip Code 98052 |
| Purpose of Disbursement SOFTWARE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 149.99 |
| 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) ▼ | Transaction ID : SB17.113887 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 169 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. MENZLER, TYLER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2016 | |
| Mailing Address 701 THOMPSON AVE | | | FEC Identification Number C | |
| City DONORA | State PA | Zip Code 15033 | Amount of Each Disbursement this Period 1723.94 | |
| Purpose of Disbursement SEE MEMO ENTRIES | | Category/ Type 001 | Transaction ID : SB17.114109 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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. MENZLER, TYLER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2016 | |
| Mailing Address 701 THOMPSON AVE | | | FEC Identification Number C | |
| City DONORA | State PA | Zip Code 15033 | Amount of Each Disbursement this Period 1228.98 | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.114110 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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) C. AT&T | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2016 | |
| Mailing Address PO BOX 9001309 | | | FEC Identification Number C | |
| City LOUISVILLE | State KY | Zip Code 40290 | Amount of Each Disbursement this Period 242.63 | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.114111 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1723.94 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 170 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. STAPLES | | Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2016 |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement OFFICE SUPPLIES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 63.59 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. WAL-MART | | Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2016 |
| Mailing Address 702 SW 8TH ST | | FEC Identification Number C |
| City BENTONVILLE | State AR | Zip Code 72716 |
| Purpose of Disbursement EVENT SUPPLIES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 45.48 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. NBCRC | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 |
| Mailing Address PO BOX 118 | | FEC Identification Number C |
| City TIPTON | State PA | Zip Code 16684 |
| Purpose of Disbursement EVENT SPONSORSHIP | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 150.00 |
| 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: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 150.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 171 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. NRA FOUNDATION | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address 298 MORGANTOWN ST. | | | FEC Identification Number C | | |
| City UNIONTOWN | State PA | Zip Code 15401 | Amount of Each Disbursement this Period 340.00 | | |
| Purpose of Disbursement ADVERTISING | | Category/ Type 001 | Transaction ID : SB17.113950 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. NUNGESSER CONSULTING | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | | |
| Mailing Address 1554 LOBDELL AVE | | | FEC Identification Number C | | |
| City BATON ROUGE | State LA | Zip Code 22311 | Amount of Each Disbursement this Period 2000.00 | | |
| Purpose of Disbursement FUNDRAISING CONSULTING | | Category/ Type 001 | Transaction ID : SB17.114136 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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) C. OSBAUGH, ROGER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016 | | |
| Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205 | | | FEC Identification Number C | | |
| City WAYNESBORO | State PA | Zip Code 17268 | Amount of Each Disbursement this Period 109.93 | | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Transaction ID : SB17.113759 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2449.93 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 172 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

A. DOLLAR GENERAL

Full Name (Last, First, Middle Initial)
Mailing Address 904 BLAIR ST

City HOLLIDAYSBURG State PA Zip Code 16648

Purpose of Disbursement OFFICE SUPPLIES Category/Type 001

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 109.93

Transaction ID : SB17.113760

Memo Item

B. OSBAUGH, ROGER, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 6575 ORPHANAGE RD.
WESLEY HOUSE APT. 205

City WAYNESBORO State PA Zip Code 17268

Purpose of Disbursement SEE MEMO ENTRY Category/Type 001

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 109.97

Transaction ID : SB17.113956

Memo Item

C. DOLLAR GENERAL

Full Name (Last, First, Middle Initial)
Mailing Address 904 BLAIR ST

City HOLLIDAYSBURG State PA Zip Code 16648

Purpose of Disbursement OFFICE SUPPLIES Category/Type 001

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 109.97

Transaction ID : SB17.113957

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 109.97

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 173 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. OSBAUGH, ROGER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205 | | | FEC Identification Number C | |
| City WAYNESBORO | State PA | Zip Code 17268 | Amount of Each Disbursement this Period 99.97 | |
| Purpose of Disbursement SEE MEMO ENTRY | | Category/ Type 001 | Transaction ID : SB17.114139 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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. DOLLAR GENERAL | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address 904 BLAIR ST | | | FEC Identification Number C | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 99.97 | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.114140 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. PENELEC | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016 | |
| Mailing Address PO BOX 3687 | | | FEC Identification Number C | |
| City AKRON | State OH | Zip Code 44309 | Amount of Each Disbursement this Period 99.00 | |
| Purpose of Disbursement UTILITIES | | Category/ Type 001 | Transaction ID : SB17.113758 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 198.97 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 174 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. PENELEC | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address PO BOX 3687 | | | FEC Identification Number C | | |
| City AKRON | State OH | Zip Code 44309 | Amount of Each Disbursement this Period 49.52 | | |
| Purpose of Disbursement UTILITIES | | Category/ Type 001 | Transaction ID : SB17.113952 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. PENELEC | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016 | | |
| Mailing Address PO BOX 3687 | | | FEC Identification Number C | | |
| City AKRON | State OH | Zip Code 44309 | Amount of Each Disbursement this Period 145.51 | | |
| Purpose of Disbursement UTILITIES | | Category/ Type 001 | Transaction ID : SB17.114170 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. PEOPLES NATURAL GAS (PNG) | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | | |
| Mailing Address PO BOX 644760 | | | FEC Identification Number C | | |
| City PITTSBURGH | State PA | Zip Code 15264 | Amount of Each Disbursement this Period 16.58 | | |
| Purpose of Disbursement UTILITIES | | Category/ Type 001 | Transaction ID : SB17.113775 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 211.61 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 175 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. PEOPLES NATURAL GAS (PNG) | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address PO BOX 644760 | | | FEC Identification Number C | | |
| City PITTSBURGH | State PA | Zip Code 15264 | Amount of Each Disbursement this Period 15.43 | | |
| Purpose of Disbursement UTILITIES | | Category/ Type 001 | Transaction ID : SB17.113851 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. PEOPLES NATURAL GAS (PNG) | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016 | | |
| Mailing Address PO BOX 644760 | | | FEC Identification Number C | | |
| City PITTSBURGH | State PA | Zip Code 15264 | Amount of Each Disbursement this Period 14.88 | | |
| Purpose of Disbursement UTILITIES | | Category/ Type 001 | Transaction ID : SB17.113987 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. PSYHOGIOS-SMITH, BRITTANY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 700 S. COURTHOUSE RD. #404 | | | FEC Identification Number C | | |
| City ARLINGTON | State VA | Zip Code 22204 | Amount of Each Disbursement this Period 185.91 | | |
| Purpose of Disbursement SEE MEMO ENTRY | | Category/ Type 001 | Transaction ID : SB17.113828 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 216.22 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 176 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 800 MARKET STREET 7TH FLOOR | | | FEC Identification Number C | | |
| City SAN FRANCISCO | State CA | Zip Code 94115 | Amount of Each Disbursement this Period 185.91 | | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.113829 | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. RAVINE | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | | |
| Mailing Address 610 7TH ST | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 159.25 | | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : SB17.113776 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. RAVINE | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 610 7TH ST | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 2221.04 | | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : SB17.113852 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2380.29 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 177 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. RAVINE | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address 610 7TH ST | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 443.62 | | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : SB17.113954 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. RAVINE | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | | |
| Mailing Address 610 7TH ST | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 250.25 | | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : SB17.114137 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. RED MAVERICK MEDIA LLC | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | | |
| Mailing Address 401 N. SECOND STREET | | | FEC Identification Number C | | |
| City HARRISBURG | State PA | Zip Code 17101 | Amount of Each Disbursement this Period 104.40 | | |
| Purpose of Disbursement MEDIA CONSULTING | | Category/ Type 001 | Transaction ID : SB17.113777 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 798.27 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 178 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. RED MAVERICK MEDIA LLC | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016 | |
| Mailing Address 401 N. SECOND STREET | | | FEC Identification Number C | |
| City HARRISBURG | State PA | Zip Code 17101 | Amount of Each Disbursement this Period 18340.00 | |
| Purpose of Disbursement MEDIA BUY | | Category/ Type 001 | Transaction ID : SB17.113788 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. RED MAVERICK MEDIA LLC | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | |
| Mailing Address 401 N. SECOND STREET | | | FEC Identification Number C | |
| City HARRISBURG | State PA | Zip Code 17101 | Amount of Each Disbursement this Period 244.00 | |
| Purpose of Disbursement MEDIA CONSULTING | | Category/ Type 001 | Transaction ID : SB17.113853 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. RED MAVERICK MEDIA LLC | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016 | |
| Mailing Address 401 N. SECOND STREET | | | FEC Identification Number C | |
| City HARRISBURG | State PA | Zip Code 17101 | Amount of Each Disbursement this Period 9423.00 | |
| Purpose of Disbursement MEDIA CONSULTING | | Category/ Type 001 | Transaction ID : SB17.113873 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 28007.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 179 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. RED MAVERICK MEDIA LLC | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address 401 N. SECOND STREET | | | FEC Identification Number C | |
| City HARRISBURG | State PA | Zip Code 17101 | Amount of Each Disbursement this Period 2950.00 | |
| Purpose of Disbursement MEDIA CONSULTING | | Category/ Type 001 | Transaction ID : SB17.114138 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. RED MAVERICK MEDIA LLC | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016 | |
| Mailing Address 401 N. SECOND STREET | | | FEC Identification Number C | |
| City HARRISBURG | State PA | Zip Code 17101 | Amount of Each Disbursement this Period 3316.40 | |
| Purpose of Disbursement ADVERTISING | | Category/ Type 001 | Transaction ID : SB17.114169 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. ROARING SPRING BOTTLING | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address PO BOX 97 | | | FEC Identification Number C | |
| City ROARING SPRINGS | State PA | Zip Code 16673 | Amount of Each Disbursement this Period 16.85 | |
| Purpose of Disbursement BOTTLED WATER | | Category/ Type 001 | Transaction ID : SB17.113746 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 6283.25 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 180 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. ROARING SPRING BOTTLING | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address PO BOX 97 | | | FEC Identification Number C | | |
| City ROARING SPRINGS | State PA | Zip Code 16673 | Amount of Each Disbursement this Period 11.55 | | |
| Purpose of Disbursement OFFICE EXPENSE | | Category/ Type 001 | Transaction ID : SB17.113955 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| Full Name (Last, First, Middle Initial) B. ROB BEATTY CARPET AND UPHOLSTER | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | | |
| Mailing Address 309 26TH AVE | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 1132.10 | | |
| Purpose of Disbursement CARPET CLEANING | | Category/ Type 001 | Transaction ID : SB17.113778 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. S&T BANK | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016 | | |
| Mailing Address 1100 LOGAN BLVD | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 80.00 | | |
| Purpose of Disbursement BANK FEES | | Category/ Type 001 | Transaction ID : SB17.114014 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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) ▼ | | | | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1223.65 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 181 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. S&T BANK | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2016 | |
| Mailing Address 1100 LOGAN BLVD | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 80.00 | |
| Purpose of Disbursement BANK FEES | | Category/ Type 001 | Transaction ID : SB17.114015 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

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| Full Name (Last, First, Middle Initial) B. S&T BANK | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016 | |
| Mailing Address 1100 LOGAN BLVD | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 80.00 | |
| Purpose of Disbursement BANK FEES | | Category/ Type 001 | Transaction ID : SB17.114016 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| 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: | | | | |

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|--|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. SHUSTER, WILLIAM, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2016 | |
| Mailing Address 455 OVERLOOK DR | | | FEC Identification Number C C00364935 | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 202.89 | |
| Purpose of Disbursement SEE MEMO ENTRY | | Category/ Type 001 | Transaction ID : SB17.113992 | |
| Candidate Name SHUSTER, WILLIAM, , , | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input checked="" 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: PA District: 09 | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 362.89 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 182 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2016 |
| Mailing Address PO BOX 9001309 | | FEC Identification Number C |
| City LOUISVILLE | State KY | Zip Code 40290 |
| Purpose of Disbursement TELEPHONE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 202.89 |
| 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: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. SHUSTER, GARRETT, , , | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 |
| Mailing Address 385 HAIMROD ST, APT 1 | | FEC Identification Number C |
| City BROOKLYN | State NY | Zip Code 11237 |
| Purpose of Disbursement MEETING EXPENSE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 247.60 |
| 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: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. SHUSTER, GARRETT, , , | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 |
| Mailing Address 385 HAIMROD ST, APT 1 | | FEC Identification Number C |
| City BROOKLYN | State NY | Zip Code 11237 |
| Purpose of Disbursement TRAVEL EXPENSE - NO ITEMIZATION NECESSARY | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 55.98 |
| 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: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 303.58 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 183 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. SOMERSET CO REPUBLICAN COMMITTEE | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address PO BOX 401 | | | FEC Identification Number C | | |
| City SOMERSET | State PA | Zip Code 15501 | Amount of Each Disbursement this Period 100.00 | | |
| Purpose of Disbursement ADVERTISING | | Category/ Type 001 | Transaction ID : SB17.113959 | | |
| Candidate Name SOMERSET CO REPUBLICAN COMMITTEE | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. SOMERSET CO REPUBLICAN COMMITTEE | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | | |
| Mailing Address PO BOX 401 | | | FEC Identification Number C | | |
| City SOMERSET | State PA | Zip Code 15501 | Amount of Each Disbursement this Period 150.00 | | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type 001 | Transaction ID : SB17.114141 | | |
| Candidate Name SOMERSET CO REPUBLICAN COMMITTEE | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. STRAESSER, WILLIAM, , MR., | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | | |
| Mailing Address PO BOX 1023 | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16603 | Amount of Each Disbursement this Period 1581.04 | | |
| Purpose of Disbursement SEE MEMO ENTRIES | | Category/ Type 001 | Transaction ID : SB17.113780 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1831.04 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 184 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. STRAESSER, WILLIAM, , MR., | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address PO BOX 1023 | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16603 | Amount of Each Disbursement this Period 364.00 | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.114095 | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. ALTOONA GRAND HOTEL | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address 1 SHERATON DR. | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 89.16 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.114096 | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. BLACK DOG COFFEE & CATERING | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address 519 ALLEGHENY STREET | | | FEC Identification Number C | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 64.00 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.114097 | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 185 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. THE GRIFFITH FAMILY FOUNDATION | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address P.O. BOX 28 | | | FEC Identification Number C | |
| City HOLLISDAYBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 300.00 | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type 001 | Transaction ID : SB17.114099 | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. MARZONI'S | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address 165 PATCHWAY ROAD | | | FEC Identification Number C | |
| City DUNCANSVILLE | State PA | Zip Code 16635 | Amount of Each Disbursement this Period 170.04 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.114101 | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. STAPLES | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 124.00 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.114102 | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 186 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. USPS | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | | |
| Mailing Address 525 ALLEGHENY STREET | | | FEC Identification Number C | | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 77.99 | | |
| Purpose of Disbursement POSTAGE | | Category/ Type 001 | Transaction ID : SB17.114104 | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. WAL-MART | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | | |
| Mailing Address 702 SW 8TH ST | | | FEC Identification Number C | | |
| City BENTONVILLE | State AR | Zip Code 72716 | Amount of Each Disbursement this Period 137.75 | | |
| Purpose of Disbursement EVENT SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.114105 | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. STRAESSER, WILLIAM, , MR., | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address PO BOX 1023 | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16603 | Amount of Each Disbursement this Period 1320.95 | | |
| Purpose of Disbursement SEE MEMO ENTRIES | | Category/ Type 001 | Transaction ID : SB17.113856 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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) ▼ | | | | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1320.95 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 187 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. STRAESSER, WILLIAM, , MR., | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | |
| Mailing Address PO BOX 1023 | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16603 | Amount of Each Disbursement this Period 364.00 | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.113857 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. USPS | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | |
| Mailing Address 525 ALLEGHENY STREET | | | FEC Identification Number C | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 97.99 | |
| Purpose of Disbursement POSTAGE | | Category/ Type 001 | Transaction ID : SB17.113859 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. CAMBRIA COUNTY REPUBLICAN PARTY | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | |
| Mailing Address 450 LURAY AVENUE | | | FEC Identification Number C | |
| City JOHSTOWN | State PA | Zip Code 15904 | Amount of Each Disbursement this Period 200.00 | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type 001 | Transaction ID : SB17.113860 | |
| Candidate Name CAMBRIA COUNTY REPUBLICAN PARTY | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 188 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. KINGS FAMILY RESTAURANT | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 1180 NORTH CENTER AVENUE | | | FEC Identification Number C | | |
| City SOMERSET | State PA | Zip Code 15501 | Amount of Each Disbursement this Period 52.58 | | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.113861 | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. DOLLAR GENERAL | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 904 BLAIR ST | | | FEC Identification Number C | | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 12.35 | | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.113866 | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. STRAESSER, WILLIAM, , MR., | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016 | | |
| Mailing Address PO BOX 1023 | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16603 | Amount of Each Disbursement this Period 1537.21 | | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.113991 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1537.21 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 189 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. SUNGALA, REBEKAH, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address 545 OLD NATIONAL PIKE | | | FEC Identification Number C | |
| City BROWNSVILLE | State PA | Zip Code 15417 | Amount of Each Disbursement this Period 2057.35 | |
| Purpose of Disbursement SEE MEMOS | | Category/ Type 001 | Transaction ID : SB17.113740 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. SUNGALA, REBEKAH, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address 545 OLD NATIONAL PIKE | | | FEC Identification Number C | |
| City BROWNSVILLE | State PA | Zip Code 15417 | Amount of Each Disbursement this Period 624.50 | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.113741 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. STAPLES | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 116.75 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.113742 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2057.35 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 190 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. WAL-MART | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address 702 SW 8TH ST | | | FEC Identification Number C | |
| City BENTONVILLE | State AR | Zip Code 72716 | Amount of Each Disbursement this Period 35.32 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.113743 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. STAPLES | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 1000.78 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.113744 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. FAYETTE COUNTY FAIR | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address 132 PECHIN RD | | | FEC Identification Number C | |
| City DUNBAR | State PA | Zip Code 15431 | Amount of Each Disbursement this Period 280.00 | |
| Purpose of Disbursement BOOTH | | Category/ Type 001 | Transaction ID : SB17.113745 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 191 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. THE DANIEL LAW GROUP, PLLC | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016 | | |
| Mailing Address 138 S 7TH ST | | | FEC Identification Number C | | |
| City INDIANA | State PA | Zip Code 15701 | Amount of Each Disbursement this Period 263.61 | | |
| Purpose of Disbursement LEGAL FEES | | Category/ Type 001 | Transaction ID : SB17.114168 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. THE GIORGIO FOUNDATION | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address PO BOX 598 | | | FEC Identification Number C | | |
| City HASTINGS | State PA | Zip Code 16646 | Amount of Each Disbursement this Period 400.00 | | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Transaction ID : SB17.113938 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. THE JOSEPH F. BIDDLE PUBLISHING CO | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address THE DAILY NEWS/THE DAILY HERALD PO BOX 384 | | | FEC Identification Number C | | |
| City HUNTINGDON | State PA | Zip Code 16652 | Amount of Each Disbursement this Period 601.60 | | |
| Purpose of Disbursement ADVERTISING | | Category/ Type 001 | Transaction ID : SB17.113854 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1265.21 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 192 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. THE JOSEPH F. BIDDLE PUBLISHING CO | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | | |
| Mailing Address THE DAILY NEWS/THE DAILY HERALD PO BOX 384 | | | FEC Identification Number C | | |
| City HUNTINGDON | State PA | Zip Code 16652 | Amount of Each Disbursement this Period 144.50 | | |
| Purpose of Disbursement ADVERTISING | | Category/ Type 001 | Transaction ID : SB17.114143 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. THE TARRANCE GROUP, INC. | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016 | | |
| Mailing Address 201 NORTH UNION STREET SUITE 410 | | | FEC Identification Number C | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Amount of Each Disbursement this Period 29070.00 | | |
| Purpose of Disbursement POLLING | | Category/ Type 001 | Transaction ID : SB17.113990 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. TUSCARORA AREA CHAMBER OF COMMERCE | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2016 | | |
| Mailing Address 19 NORTH MAIN STREET PO BOX 161 | | | FEC Identification Number C | | |
| City MERCERSBURG | State PA | Zip Code 17236 | Amount of Each Disbursement this Period 100.00 | | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type 001 | Transaction ID : SB17.113855 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 29314.50 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 193 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. TUSCARORA AREA CHAMBER OF COMMERCE | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016 | |
| Mailing Address 19 NORTH MAIN STREET PO BOX 161 | | | FEC Identification Number C | |
| City MERCERSBURG | State PA | Zip Code 17236 | Amount of Each Disbursement this Period 100.00 | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type 001 | Transaction ID : SB17.113874 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. TUSCARORA AREA CHAMBER OF COMMERCE | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016 | |
| Mailing Address 19 NORTH MAIN STREET PO BOX 161 | | | FEC Identification Number C | |
| City MERCERSBURG | State PA | Zip Code 17236 | Amount of Each Disbursement this Period 50.00 | |
| Purpose of Disbursement EVENT TICKET | | Category/ Type 001 | Transaction ID : SB17.114167 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. VERIZON | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016 | |
| Mailing Address PO BOX 15026 | | | FEC Identification Number C | |
| City ALBANY | State NY | Zip Code 12212 | Amount of Each Disbursement this Period 167.45 | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.113761 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 317.45 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 194 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. VERIZON | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016 | | |
| Mailing Address PO BOX 15026 | | | FEC Identification Number C | | |
| City ALBANY | State NY | Zip Code 12212 | Amount of Each Disbursement this Period 192.44 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.113762 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. VERIZON | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016 | | |
| Mailing Address PO BOX 15026 | | | FEC Identification Number C | | |
| City ALBANY | State NY | Zip Code 12212 | Amount of Each Disbursement this Period 670.20 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.114001 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. VERIZON | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address PO BOX 15026 | | | FEC Identification Number C | | |
| City ALBANY | State NY | Zip Code 12212 | Amount of Each Disbursement this Period 142.44 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.113962 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1005.08 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 195 OF 200 | | | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. VERIZON | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | | |
| Mailing Address PO BOX 15026 | | | FEC Identification Number C | | |
| City ALBANY | State NY | Zip Code 12212 | Amount of Each Disbursement this Period 729.37 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.113966 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. VERIZON | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016 | | |
| Mailing Address PO BOX 15026 | | | FEC Identification Number C | | |
| City ALBANY | State NY | Zip Code 12212 | Amount of Each Disbursement this Period 147.46 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.114043 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. VERIZON | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016 | | |
| Mailing Address PO BOX 15026 | | | FEC Identification Number C | | |
| City ALBANY | State NY | Zip Code 12212 | Amount of Each Disbursement this Period 1193.39 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.114166 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2070.22 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 196 OF 200 | |
| | <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)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. WEX BANK | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 |
| Mailing Address PO BOX 6293 | | FEC Identification Number C |
| City CAROL STREAM | State IL | Zip Code 60197 |
| Purpose of Disbursement SEE MEMO ENTRY | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 117.96 |
| 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: | Transaction ID : SB17.114145 <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. SHEETZ INC | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 |
| Mailing Address 5700 SIXTH AVENUE | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement TRAVEL EXPENSE | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 117.96 |
| 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: | Transaction ID : SB17.114146 <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. YMCA OF INDIANA COUNTY | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 |
| Mailing Address 60 N BEN FRANKLIN RD | | FEC Identification Number C |
| City INDIANA | State PA | Zip Code 15701 |
| Purpose of Disbursement EVENT SPONSORSHIP | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 800.00 |
| 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: | Transaction ID : SB17.113781 <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 917.96 |
| TOTAL This Period (last page this line number only).....▶ | 283565.36 |

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | |
|--|---------------------------|--|---|
| Full Name (Last, First, Middle Initial) A. WEBER FOR CONGRESS | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016 |
| Mailing Address PO BOX 1327 | | | FEC Identification Number C C00502229 |
| City FRIENDSWOOD | State TX | Zip Code 77549 | Amount of Each Disbursement this Period 1200.00 |
| Purpose of Disbursement CONTRIBUTION REFUND | | Category/ Type 010 | Transaction ID : SB20C.114165 |
| Candidate Name WEBER, RANDY, , , | | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: TX District: 14 | | |

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|---|--------|---|---|
| Full Name (Last, First, Middle Initial) B. | | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | | FEC Identification Number C |
| City | State | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | Category/ Type | <input type="checkbox"/> Memo Item |
| Candidate Name | | Disbursement For: | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: | District: | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|---|--------|---|---|
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | | FEC Identification Number C |
| City | State | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | Category/ Type | <input type="checkbox"/> Memo Item |
| Candidate Name | | Disbursement For: | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: | District: | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1200.00 |
| TOTAL This Period (last page this line number only).....▶ | 1200.00 |

**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 198 OF 200 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. INDIANA JR. LIVESTOCK SALE | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016 | |
| Mailing Address PO BOX 22 | | | FEC Identification Number C | |
| City CLYMER | State PA | Zip Code 15728 | Amount of Each Disbursement this Period 524.25 | |
| Purpose of Disbursement DONATION | | Category/ Type 012 | | |
| Candidate Name | | | Transaction ID : SB21.114134 | |
| 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) ▼ | Memo Item <input type="checkbox"/> | |
| State: | District: | | | |

| | | | | |
|--|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. JOHN BRANNAN FOR STATE REPRESENTATIVE | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016 | |
| Mailing Address 11 MERRILL ROAD | | | FEC Identification Number C | |
| City HULL | State MA | Zip Code 02045 | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement POLITICAL CONTRIBUTION | | Category/ Type 011 | | |
| Candidate Name , JOHN BRANNAN, , | | | Transaction ID : SB21.113889 | |
| 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) ▼ | Memo Item <input type="checkbox"/> | |
| State: | District: | | | |

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|---|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. NRCC | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2016 | |
| Mailing Address 320 1ST ST SE | | | FEC Identification Number C C00075820 | |
| City WASHINGTON | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 25000.00 | |
| Purpose of Disbursement POLITICAL CONTRIBUTION | | Category/ Type 011 | | |
| Candidate Name NRCC | | | Transaction ID : SB21.114175 | |
| 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) ▼ | Memo Item <input type="checkbox"/> | |
| State: | District: | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 26524.25 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 199 OF 200 | | | |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. OPERATION OUR TOWN | | Date of Disbursement |
| Mailing Address 5508 6TH AVENUE | | M M / D D / Y Y Y Y 07 / 25 / 2016 |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement DONATION | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period 1500.00 |
| 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) ▼ | Transaction ID : SB21.113757 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. PENNSYLVANIA REPUBLICAN PARTY | | Date of Disbursement |
| Mailing Address 112 STATE STREET | | M M / D D / Y Y Y Y 09 / 27 / 2016 |
| City HARRISBURG | State PA | Zip Code 17101 |
| Purpose of Disbursement POLITICAL CONTRIBUTION | | FEC Identification Number C |
| Candidate Name PENNSYLVANIA REPUBLICAN PARTY | | Amount of Each Disbursement this Period 50000.00 |
| 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) ▼ | Transaction ID : SB21.114164 |
| State: District: | | <input type="checkbox"/> Memo Item |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. SOMERSET JR. LIVESTOCK SALE COMMITTEE | | Date of Disbursement |
| Mailing Address 291 POVERTY HOLLOW ROAD | | M M / D D / Y Y Y Y 09 / 23 / 2016 |
| City SOMERSET | State PA | Zip Code 15501 |
| Purpose of Disbursement DONATION | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period 956.00 |
| 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) ▼ | Transaction ID : SB21.114142 |
| State: District: | | <input type="checkbox"/> Memo Item |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 52456.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|--------------------------------------|------------------------------------|-------------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 200 OF 200 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. THE GRIFFITH FAMILY FOUNDATION | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016 | |
| Mailing Address P.O. BOX 28 | | | FEC Identification Number C | |
| City HOLLISDAYBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement DONATION | | Category/ Type 012 | Transaction ID : SB21.113747 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. THE HOMEWOOD FOUNDATION | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016 | |
| Mailing Address 16107 ELLIOTT PARKWAY | | | FEC Identification Number C | |
| City WILLIAMSPORT | State MD | Zip Code 21795 | Amount of Each Disbursement this Period 420.00 | |
| Purpose of Disbursement DONATION | | Category/ Type 012 | Transaction ID : SB21.113779 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. ULSH, STUART, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016 | |
| Mailing Address 226 RESERVOIR ROAD | | | FEC Identification Number C | |
| City MCCONNELLSBURG | State PA | Zip Code 17233 | Amount of Each Disbursement this Period 995.60 | |
| Purpose of Disbursement DONATION | | Category/ Type 012 | Transaction ID : SB21.113960 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1915.60 |
| TOTAL This Period (last page this line number only).....▶ | 80895.85 |