

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)

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| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 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. Williamsburg Community Farm Show | | Transaction ID: SB21-EX4049 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 |
| Mailing Address RD 1 Box 197 | | Amount of Each Disbursement this Period 53.00 |
| City Williamsburg State PA Zip Code 16693 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Donations Candidate Name | 012 Category/Type | Donations |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Kiwanis Club of Altoona | | Transaction ID: SB21-EX4054 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 |
| Mailing Address 10 Sheraton Drive | | Amount of Each Disbursement this Period 100.00 |
| City Altoona State PA Zip Code 16601 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Donations Candidate Name | 012 Category/Type | Donations |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Sweeney for Congress, Inc | | Transaction ID: SB21-EX4080 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6 |
| Mailing Address PO Box 1465 | | Amount of Each Disbursement this Period 1000.00 |
| City Clifton Park State NY Zip Code 12065 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Contributions Candidate Name John E. Sweeney | 011 Category/Type | Political Contributions |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1153.00 |
| TOTAL This Period (last page this line number only) ▶ | |