

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Bill Shuster for Congress

ADDRESS (number and street)

PO Box 27

Check if different than previously reported. (ACC)

Hollidaysburg

PA

16848

2. **FEC IDENTIFICATION NUMBER**

C00364935

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED (A)

PA 9

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

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 11 23 2004 through 12 31 2004

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

Type or Print Name of Treasurer Frederick A Ciocca

Signature of Treasurer Electronically Filed by Frederick A Ciocca Date 01 27 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period: From: M M D D Y Y Y Y To: V M D D Y Y Y Y
1 1 2 3 2 0 0 4 1 2 3 1 2 0 0 4

	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(a)).....	1500.00	2500.00
(b) Total Contribution Refunds (from Line 20(d)).....	.00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1500.00	2500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	149254.54	153119.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	149254.54	153119.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	94628.82	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	244793.23	

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 02/2003)

Page 3

Write or Type Committee Name
Bill Shuster for Congress

Report Covering the Period: From: ^{M M} 1 1 ^{D J} 2 3 ^{Y Y Y} 2 0 0 4 To: ^{M M} 1 2 ^{D J} 3 1 ^{Y Y Y} 2 0 0 4

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).....	500.00	
(ii) Unitemized.....	.00	
(iii) TOTAL of contributions	500.00	1500.00
from individuals..... ▶		
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACS).....	1000.00	1000.00
(d) The Candidate.....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1500.00	2500.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	.00	.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	.00	.00
(b) All Other Loans.....	200000.00	200000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	200000.00	200000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	.00	.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	.00	.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	201500.00	202500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	149254.54	153119.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2000.00	2000.00
(b) Of all Other Loans.....	10000.00	10000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	12000.00	12000.00
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	.00	.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	.00
<hr/>		
21. OTHER DISBURSEMENTS.....	300.00	4840.00
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	161554.54	169959.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	54683.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	201500.00
25. SUBTOTAL (add Line 23 and Line 24).....	256183.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	161554.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	94628.82

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 114

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

Full Name (Last, First, Middle Initial) A. Friends of Senator Dan White		Date of Receipt M / D / Y 12 / 01 / 2004
Mailing Address PD Box 363		Transaction ID: SA11C-CN4210
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Data ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 114

(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

Full Name (Last, First, Middle Initial) A. Martin E Torrey		Date of Receipt M / D / Y 12 / 06 / 2004
Mailing Address 2204 Huntridge Drive		Transaction ID: SA11Ai-CN4211
City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(B-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 114

(check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) S&T Bank		Date of Receipt M / D / Y 12 / 23 / 2004
Mailing Address Commercial Lending PO Box 190		Transaction ID: SA13b-LN15
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200000.00
Name of Employer	Occupation	Line of Credit
Receipt For: 2006 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 200000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional)	▶	200000.00
TOTAL This Period (last page this line number only)	▶	200000.00

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)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input checked="" type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Kelly H Shuster

Mailing Address 320 N 30th Street

City State Zip Code
 Camp Hill PA 17011

Purpose of Disbursement
 Repay Loan

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB19B-LP44
 Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal fun-
 ds loaned

Full Name (Last, First, Middle Initial)
B. Robert L Shuster

Mailing Address 320 N 30th Street

City State Zip Code
 Camp Hill PA 17011

Purpose of Disbursement
 Repay Loan

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB19B-LP48
 Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal fun-
 ds loaned

Full Name (Last, First, Middle Initial)
C. Virginia L Dixon

Mailing Address 105 Aldrich Avenue

City State Zip Code
 Altoona PA 16802

Purpose of Disbursement
 Repay Loan

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB19B-LP47
 Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal fun-
 ds loaned

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input checked="" type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Margaret A Statler

Mailing Address 2201 Catharine Street

City State Zip Code
 Huntingdon PA 16852

Purpose of Disbursement
 Repay Loan

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB19B-LP49
 Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal funds loaned

Full Name (Last, First, Middle Initial)
B. Deborah S King

Mailing Address 530 Garber Street

City State Zip Code
 Hollidaysburg PA 16848

Purpose of Disbursement
 Repay Loan

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB19B-LP48
 Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal funds loaned

Full Name (Last, First, Middle Initial)
C. Robert L Shuster

Mailing Address 320 N 30th Street

City State Zip Code
 Camp Hill PA 17011

Purpose of Disbursement
 Repay Loan

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB19B-LP51
 Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal funds loaned

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input checked="" type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. Virginia L Dixon

Mailing Address 105 Aldrich Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Repay Loan

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB19B-LP52
 Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal funds loaned

Full Name (Last, First, Middle Initial)
 B. Deborah S King

Mailing Address 530 Garber Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Repay Loan

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB19B-LP53
 Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal funds loaned

Full Name (Last, First, Middle Initial)
 C. Margaret A Statler

Mailing Address 2201 Catharine Street

City Huntingdon State PA Zip Code 16652

Purpose of Disbursement
 Repay Loan

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB19B-LP54
 Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal funds loaned

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶ 10000.00

**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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Kelly H Shuster

Mailing Address 320 N 30th Street

City State Zip Code
Camp Hill PA 17011

Purpose of Disbursement
Loan interest Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: SB17-LP44
Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

70.13

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

repayment of personal fun-
ds loaned

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

Mailing Address 8 Overlook Drive

City State Zip Code
Holidaysburg PA 16648

Purpose of Disbursement
Loan interest Expenditure

Candidate Name
William Shuster

Office Sought: x House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: PA District 8

Category/
Type

Transaction ID: SB17-LP45
Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

68.86

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

repayment of personal fun-
ds loaned

Full Name (Last, First, Middle Initial)
C. Robert L Shuster

Mailing Address 320 N 30th Street

City State Zip Code
Camp Hill PA 17011

Purpose of Disbursement
Loan interest Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: SB17-LP46
Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

68.86

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

repayment of personal fun-
ds loaned

SUBTOTAL of Disbursements This Page (optional) ▶

209.85

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 12 / 114

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Virginia L Dixon

Mailing Address 105 Aldrich Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Loan interest Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB17-LP47

Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

69.86

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal fun-
 ds loaned

Full Name (Last, First, Middle Initial)

B. Margaret A Statler

Mailing Address 2201 Catharine Street

City Huntingdon State PA Zip Code 16652

Purpose of Disbursement
 Loan interest Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB17-LP49

Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

69.86

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal fun-
 ds loaned

Full Name (Last, First, Middle Initial)

C. Deborah S King

Mailing Address 530 Garber Street

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement
 Loan interest Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB17-LP48

Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

69.86

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal fun-
 ds loaned

SUBTOTAL of Disbursements This Page (optional) ▶

209.58

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 114

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. The Tarrance Group

Mailing Address 201 North Union Street Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

005
Category/
Type

Transaction ID: SB17-EX3259

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

977.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Polling Expenses Polling
Costs

Full Name (Last, First, Middle Initial)

B. The Orchards

Mailing Address 1580 Orchard Drive

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3283

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

3924.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Solicitation and Fundraising
Expenses Fundraising

Full Name (Last, First, Middle Initial)

C. Pathfinder Communications, LLC

Mailing Address 603 Swedesford Road
Swedesford Corporate Center

City Malvern State PA Zip Code 19355

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: SB17-EX3254

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

8755.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Advertising Expenses Media

SUBTOTAL of Disbursements This Page (optional) ▶

11656.49

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Pathfinder Communications, LLC

Mailing Address 603 Swedesford Road
 Swedesford Corporate Center
 City Malvern State PA Zip Code 19355

Purpose of Disbursement Expenditure
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼
 State: District

004
 Category/
 Type

Transaction ID: SB17-EX3255
 Date of Disbursement
 12 / 23 / 2004
 Amount of Each Disbursement this Period
 5890.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
 Advertising Expenses Media

Full Name (Last, First, Middle Initial)
B. Pathfinder Communications, LLC

Mailing Address 603 Swedesford Road
 Swedesford Corporate Center
 City Malvern State PA Zip Code 19355

Purpose of Disbursement Expenditure
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼
 State: District

004
 Category/
 Type

Transaction ID: SB17-EX3256
 Date of Disbursement
 12 / 23 / 2004
 Amount of Each Disbursement this Period
 6655.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
 Advertising Expenses Media

Full Name (Last, First, Middle Initial)
C. Ciocca Benton & Company, P.C.

Mailing Address PO Box 1473
 City Altoona State PA Zip Code 16803

Purpose of Disbursement Expenditure
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼
 State: District

001
 Category/
 Type

Transaction ID: SB17-EX3251
 Date of Disbursement
 12 / 23 / 2004
 Amount of Each Disbursement this Period
 3048.10
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
 Administrative/Salary/Ove-
 rhead Expenses Professional
 Services

SUBTOTAL of Disbursements This Page (optional) ▶ **15593.10**

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Sunoco

Mailing Address 1700 Seventh Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/Type: 001

Transaction ID: SB17-EX3286
 Date of Disbursement 12 / 23 / 2004

Amount of Each Disbursement this Period 33.39

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Vehicle Expenses

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

Mailing Address 400 First Street SE

City Washington State DC Zip Code 20001

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/Type: 002

Transaction ID: SB17-EX3286
 Date of Disbursement 12 / 23 / 2004

Amount of Each Disbursement this Period 26.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
C. Radio Shack

Mailing Address Plank Road Commons
 2764 Old Rte 220

City Altoona State PA Zip Code 16601

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/Type: 001

Transaction ID: SB17-EX3289
 Date of Disbursement 12 / 23 / 2004

Amount of Each Disbursement this Period 15.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Office Expenses

SUBTOTAL of Disbursements This Page (optional) ▶ **75.21**

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Exxon

Mailing Address 542 South Center Street

City Ebensburg State PA Zip Code 15931

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3270

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

21.41

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)

B. Papa John's Pizza

Mailing Address 3014 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3272

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

12.53

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. Amoco

Mailing Address RD 2 Box 12C

City Bedford State PA Zip Code 15522

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3273

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

31.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

SUBTOTAL of Disbursements This Page (optional) ▶

65.44

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3274
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

4.44

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

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

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3275
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

23.12

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)
C. The Capital Grille

Mailing Address 601 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3276
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

1686.01

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Solicitation and Fundrais-
ing Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶

1696.57

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Splash Car Wash

Mailing Address #10 Eye Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 X Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3277

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

33.84

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Vehicle Expenses

Full Name (Last, First, Middle Initial)

B. TGI Fridays

Mailing Address Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 X Primary General Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3278

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

109.75

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. Exxon

Mailing Address 542 South Center Street

City Ebensburg State PA Zip Code 15931

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 X Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3271

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

25.20

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Vehicle Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

168.79

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Don Pablos

Mailing Address Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3280
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

97.14

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

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

Mailing Address 215 Pennsylvania Avenue

City Washington State DC Zip Code 20003

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3281
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

53.70

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
C. FedEx

Mailing Address PO Box 371481

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3282
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

14.08

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Postage

SUBTOTAL of Disbursements This Page (optional) ▶

164.92

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Al's Tavern

Mailing Address 2831 Eighth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3283

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

111.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. Ramada Inn

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3284

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

84.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3276

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

25.01

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

SUBTOTAL of Disbursements This Page (optional) ▶

220.51

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Staples-291 Altoona

Mailing Address Plank Road/Orchard Plaza

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004
 Primary General Other (specify) ▼

001
 Category/Type

Transaction ID: SB17-EX3285
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 56.14

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Office Expenses

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

Mailing Address 100 Sheraton Drive

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004
 Primary General Other (specify) ▼

002
 Category/Type

Transaction ID: SB17-EX3286
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 466.77

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
C. Outback Steakhouse

Mailing Address 100 Sheraton Drive

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004
 Primary General Other (specify) ▼

002
 Category/Type

Transaction ID: SB17-EX3287
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 37.10

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶ **560.01**

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Sunoco

Mailing Address 1700 Seventh Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3287

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

19.13

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)

B. Kathy's Deli

Mailing Address 891 West King Street
Suite C

City Shippensburg State PA Zip Code 17257

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3285

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

3323.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Solicitation and Fundrais-
ing Expenses Fundraising

Full Name (Last, First, Middle Initial)

C. The Tarrance Group

Mailing Address 201 North Union Street Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

005
Category/
Type

Transaction ID: SB17-EX3280

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

18835.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Polling Expenses Polling
Costs

SUBTOTAL of Disbursements This Page (optional) ▶

20177.88

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Greener And Hook

Mailing Address 1875 Eye Street NW
Suite 54D

City Washington State DC Zip Code 20006

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: SB17-EX3281
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

6797.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Advertising Expenses Media

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

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3288
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

14.08

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Postage

Full Name (Last, First, Middle Initial)
C. Trover Shop 1

Mailing Address 221 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3299
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

45.42

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

6856.50

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. US Hotel Restaurant

Mailing Address 401 South Juniata Street

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3300

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

91.37

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. The Capital Grille

Mailing Address 601 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3301

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

41.98

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. Allegro Restaurant

Mailing Address 3928 Broad Avenue

City Altoona State PA Zip Code 16801

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3302

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

678.26

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

812.61

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Eds Steak House

Mailing Address RR 2

City Bedford State PA Zip Code 15522

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: SB17-EX3303
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 82.75

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Meals

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

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

Transaction ID: SB17-EX3288
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 817.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)
C. Ramada Inn

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

Transaction ID: SB17-EX3289
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 2081.53

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Lodging

SUBTOTAL of Disbursements This Page (optional) ► **2961.78**

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Ramada Inn

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

007
Category/
Type

Transaction ID: SB17-EX3290

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

2625.83

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Campaign Event Expenses
Election Night Event

Full Name (Last, First, Middle Initial)

B. Ramada Inn

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3291

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

163.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)

C. Ramada Inn

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3292

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

88.43

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

SUBTOTAL of Disbursements This Page (optional) ▶

2877.76

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

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Ramada Inn

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3293

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

408.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)

B. Ramada Inn

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3294

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

408.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)

C. Ramada Inn

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

007
Category/
Type

Transaction ID: SB17-EX3295

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

190.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Campaign Event Expenses
Election Night Event

SUBTOTAL of Disbursements This Page (optional) ▶

1008.25

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

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Ramada Inn

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

007
Category/
Type

Transaction ID: SB17-EX3296

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

81.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Campaign Event Expenses
Election Night Event

Full Name (Last, First, Middle Initial)

B. AT&T Wireless Services

Mailing Address PO 944039

City Maitland State FL Zip Code 32704

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3297

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

429.30

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

C. Pine Grill Inc

Mailing Address 800 N Center Avenue

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3312

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

81.15

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

572.20

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. TGI Fridays

Mailing Address Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: SB17-EX3313
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 221.34

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
B. Friendly's

Mailing Address 200 Sierra Plaza

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: SB17-EX3314
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 86.10

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
C. Eat n Park Restaurants

Mailing Address Orchard Plaza

City Altoona State PA Zip Code 16601

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: SB17-EX3315
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 10.58

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶ **318.11**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. La Colline Restaurant

Mailing Address 400 North Capitol Street NW
 Suite 175

City Washington State DC Zip Code 20001

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/Type
 DD3

Transaction ID: SB17-EX3304
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 680.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Solicitation and Fundrais-
 ing Expenses Fundraising

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

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/Type
 DD1

Transaction ID: SB17-EX3305
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 37.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Administrative/Salary/Ove-
 rhead Expenses Vehicle Ex-
 penses

Full Name (Last, First, Middle Initial)
C. U.S. House Members Dine

Mailing Address Street Required

City Washington State DC Zip Code 20515

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/Type
 DD2

Transaction ID: SB17-EX3306
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 8.95

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶ **726.95**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. U.S. House Members Dine

Mailing Address Street Required

City Washington State DC Zip Code 20515

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3307
 Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

147.24

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
 B. U.S. House Members Dine

Mailing Address Street Required

City Washington State DC Zip Code 20515

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3308
 Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

45.60

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
 C. U.S. House Members Dine

Mailing Address Street Required

City Washington State DC Zip Code 20515

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3311
 Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

15.25

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

208.09

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Capitol Hill Club

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3309

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

91.76

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. Galileo Ristorante

Mailing Address 1110 21st Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3310

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

58.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. Hotel New York Hilton

Mailing Address 53 Avenue of the Americas

City New York State NY Zip Code 10013

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3316

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

SUBTOTAL of Disbursements This Page (optional) ▶

350.26

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Hotel New York Hilton

Mailing Address 53 Avenue of the Americas

City New York State NY Zip Code 10013

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3317

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)

B. Hotel New York Hilton

Mailing Address 53 Avenue of the Americas

City New York State NY Zip Code 10013

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3318

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)

C. Hotel New York Hilton

Mailing Address 53 Avenue of the Americas

City New York State NY Zip Code 10013

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3319

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

SUBTOTAL of Disbursements This Page (optional) ▶

600.00

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
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Frsh Fields Whole Foods Market

Mailing Address 2323 Wisconsin Avenue NW

City Washington State DC Zip Code 20007

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3320
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

148.28

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
B. US Hotel Restaurant

Mailing Address 401 South Juniata Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3321
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

26.68

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
C. The Dream Restaurant

Mailing Address 1500 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3322
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

4.73

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

179.67

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
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3323
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

30.19

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)
B. Ramada Inn-Ligonier

Mailing Address 216 W Loyalhanna Street

City Ligonier State PA Zip Code 15658

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3324
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

97.01

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)
C. Ramada Inn-Ligonier

Mailing Address 216 W Loyalhanna Street

City Ligonier State PA Zip Code 15658

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3325
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

97.01

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

SUBTOTAL of Disbursements This Page (optional) ▶

224.21

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Hilton New York

Mailing Address 1335 Avenue of the Americas

City New York State NY Zip Code 10019

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3326

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)

B. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3327

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

29.05

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)

C. Regency Transportation Group Limited

Mailing Address 1310 Superior Avenue

City Pittsburgh State PA Zip Code 15212

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3328

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

234.07

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Taxi/Car/-
Bus Expense

SUBTOTAL of Disbursements This Page (optional) ▶

463.12

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Regency Transportation Group Limited
Mailing Address 1310 Superior Avenue

City Pittsburgh State PA Zip Code 15212

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3329
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

180.92

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Taxi/Car/
Bus Expense

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

Mailing Address Market Street

City Philadelphia State PA Zip Code 19010

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3330
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

124.95

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Train

C. Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3331
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

198.55

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

505.42

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. CVS Pharmacy

Mailing Address 3200 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure
Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3332
Date of Disbursement
12 / 23 / 2004

Amount of Each Disbursement this Period
8.13

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)
B. Hilton New York

Mailing Address 1335 Avenue of the Americas

City New York State NY Zip Code 10010

Purpose of Disbursement Expenditure
Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3333
Date of Disbursement
12 / 23 / 2004

Amount of Each Disbursement this Period
1745.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)
C. Town Car Limo Service Inc.

Mailing Address 245 W 72nd Street

City New York State NY Zip Code 10023

Purpose of Disbursement Expenditure
Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3334
Date of Disbursement
12 / 23 / 2004

Amount of Each Disbursement this Period
92.41

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Taxi/Car/-
Bus Expense

SUBTOTAL of Disbursements This Page (optional) ▶ **1845.54**

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Altoona Mirror

Mailing Address PO Box 2008

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3335
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

14.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

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

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3258
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

3229.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Airplane

Full Name (Last, First, Middle Initial)
C. Greener And Hook

Mailing Address 1875 Eye Street NW
Suite 540

City Washington State DC Zip Code 20008

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: SB17-EX3262
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

8593.06

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Advertising Expenses Media

SUBTOTAL of Disbursements This Page (optional) ▶

9836.06

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Hilton New York

Mailing Address 1335 Avenue of the Americas

City New York State NY Zip Code 10019

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3336
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

1240.65

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)
B. Hilton New York

Mailing Address 1335 Avenue of the Americas

City New York State NY Zip Code 10019

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3337
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

204.30

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)
C. McAfee Software

Mailing Address 3985 Freedom Circle

City Santa Clara State CA Zip Code 95054

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3338
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

28.95

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

1474.90

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3339
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

14.54

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)
B. Johnny On The Spot

Mailing Address 2802 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3340
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

14.83

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)
C. Marzoni's

Mailing Address 185 Patchway Road

City Duncansville State PA Zip Code 16835

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3341
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

25.56

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

54.93

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Town Car Limo Service Inc.

Mailing Address 245 W 72nd Street

City New York State NY Zip Code 10023

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3342
 Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

80.38

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Taxi/Car/
 Bus Expense

Full Name (Last, First, Middle Initial)
 B. Capitol Hill Club

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3343
 Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

61.73

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
 C. U.S. House Members Dine

Mailing Address Street Required

City Washington State DC Zip Code 20515

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3344
 Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

64.15

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

196.26

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. U.S. House Members Dine

Mailing Address Street Required

City Washington State DC Zip Code 20515

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3346
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

9.95

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
B. U.S. House Members Dine

Mailing Address Street Required

City Washington State DC Zip Code 20515

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3346
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

49.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
C. Pathfinder Communications, LLC

Mailing Address 603 Swedesford Road
Swedesford Corporate Center

City Malvern State PA Zip Code 19355

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

008
Category/
Type

Transaction ID: SB17-EX3257
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

7875.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Campaign Materials Campaign
Literature

SUBTOTAL of Disbursements This Page (optional) ▶

7934.55

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Hampton Inn

Mailing Address 180 Charlotte Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3348

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

157.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)

B. Hampton Inn

Mailing Address 180 Charlotte Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3348

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

157.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)

C. Hampton Inn

Mailing Address 180 Charlotte Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3350

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

393.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

SUBTOTAL of Disbursements This Page (optional) ▶

708.30

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. U.S. House Of Representatives

Mailing Address House Gift Shop
 B-217 Longworth Bldg

City Washington State DC Zip Code 20515

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3347
 Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

129.80

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Administrative/Salary/Ove-
 rhead Expenses Office Exp-
 enses

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

Mailing Address PO Box 360002

City Washington State DC Zip Code 33336

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3351
 Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

145.20

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Administrative/Salary/Ove-
 rhead Expenses Bank Servi-
 ce Charge

Full Name (Last, First, Middle Initial)
 C. TGI Fridays

Mailing Address Plank Road

City Altoona State PA Zip Code 16802

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3352
 Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

27.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

301.80

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. The Dream Restaurant

Mailing Address 1500 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3353

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

44.13

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. The Dream Restaurant

Mailing Address 1500 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3354

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

71.34

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. The Dream Restaurant

Mailing Address 1500 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3355

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

28.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

143.47

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3356

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

35.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)

B. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3357

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

22.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)

C. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3358

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

30.27

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

SUBTOTAL of Disbursements This Page (optional) ▶

88.02

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Zachs Sports And Spirits

Mailing Address 5820 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3359

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

65.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. Zachs Sports And Spirits

Mailing Address 5820 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3360

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

122.87

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. Capitol Hill Club

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3361

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

375.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Administrative/Salary/Ove-
 head Expenses Dués

SUBTOTAL of Disbursements This Page (optional) ▶

562.87

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Allegro Restaurant

Mailing Address 3928 Broad Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3362

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

198.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. Hampton Inn

Mailing Address 180 Charlotte Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3363

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

78.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)

C. Hampton Inn

Mailing Address 180 Charlotte Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3364

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

157.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

SUBTOTAL of Disbursements This Page (optional) ▶

434.49

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. The Knickerbocker Tavern

Mailing Address 3957 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: SB17-EX3365
 Date of Disbursement 12 / 23 / 2004

Amount of Each Disbursement this Period 168.61

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Meals

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

Mailing Address 1350 Indian Springs Road

City Indiana State PA Zip Code 15701

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: SB17-EX3366
 Date of Disbursement 12 / 23 / 2004

Amount of Each Disbursement this Period 270.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)
C. Ramada Inn

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: SB17-EX3367
 Date of Disbursement 12 / 23 / 2004

Amount of Each Disbursement this Period 78.57

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Lodging

SUBTOTAL of Disbursements This Page (optional) ▶ **518.50**

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Ramada Inn

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: SB17-EX3368
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 79.57

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Lodging

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

Mailing Address 1700 Seventh Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: SB17-EX3372
 Date of Disbursement
 12 / 23 / 2004

Amount of Each Disbursement this Period
 32.93

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Vehicle Expenses

Full Name (Last, First, Middle Initial)
C. Bishop Guilfoyle High School

Mailing Address 2210 16th Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

Transaction ID: SB17-EX3238
 Date of Disbursement
 12 / 02 / 2004

Amount of Each Disbursement this Period
 100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Advertising Expenses Print Ads

SUBTOTAL of Disbursements This Page (optional) ▶ **212.50**

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)

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17 20a 18 20b 19a 20c 19b 21

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3239

Date of Disbursement

12 / 02 / 2004

Amount of Each Disbursement this Period

80.05

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Telephone

Full Name (Last, First, Middle Initial)

B. William Shuster

Mailing Address 8 Overlook Drive

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3240

Date of Disbursement

12 / 02 / 2004

Amount of Each Disbursement this Period

45.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. Jim Frank

Mailing Address 1628 St. Francis Lane

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3241

Date of Disbursement

12 / 02 / 2004

Amount of Each Disbursement this Period

130.06

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Vehicle Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

255.11

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Ciocca Benton & Company, P.C.

Mailing Address PO Box 1473

City Altoona State PA Zip Code 16603

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3242
Date of Disbursement

12 / 02 / 2004

Amount of Each Disbursement this Period

76.31

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)
B. Huntingdon Co. Republican Comm

Mailing Address PO Box 61

City Huntingdon State PA Zip Code 16652

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

004
Category/
Type

Transaction ID: SB17-EX3243
Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Advertising Expenses Print
Ads

Full Name (Last, First, Middle Initial)
C. Campaign Resource Strategies

Mailing Address 25452 Brickell Drive

City Chantilly State VA Zip Code 20152

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

003
Category/
Type

Transaction ID: SB17-EX3244
Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Solicitation and Fundrais-
ing Expenses Campaign Con-
sultant

SUBTOTAL of Disbursements This Page (optional) ▶

2176.31

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Verizon

Mailing Address PO Box 8585

City Philadelphia State PA Zip Code 19173

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3246

Date of Disbursement

12 / 17 / 2004

Amount of Each Disbursement this Period

176.15

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

B. Ciocca Benton & Company, P.C.

Mailing Address PO Box 1473

City Altoona State PA Zip Code 16603

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3247

Date of Disbursement

12 / 17 / 2004

Amount of Each Disbursement this Period

29.17

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

C. Bedford Co. Twp Officials Assoc

Mailing Address 5735 Chaneyville Road

City Clearville State PA Zip Code 15535

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

004
Category/
Type

Transaction ID: SB17-EX3248

Date of Disbursement

12 / 17 / 2004

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Advertising Expenses Print
Ads

SUBTOTAL of Disbursements This Page (optional) ▶

305.32

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Holliday Real Estate, LLC

Mailing Address 316 Newry Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3249
Date of Disbursement

12 / 17 / 2004

Amount of Each Disbursement this Period

26.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

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

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3387
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

40.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)
C. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3388
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

35.80

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

SUBTOTAL of Disbursements This Page (optional) ▶

102.80

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3389
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

40.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

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

Mailing Address 180 Charlotte Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3384
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

787.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)
C. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3386
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

26.58

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

SUBTOTAL of Disbursements This Page (optional) ▶

853.59

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

Transaction ID: SB17-EX3385
Date of Disbursement
12 / 23 / 2004

Amount of Each Disbursement this Period
124.48

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Bank Service Charge

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

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

Transaction ID: SB17-EX3284
Date of Disbursement
12 / 23 / 2004

Amount of Each Disbursement this Period
54.78

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Bank Service Charge

C. Full Name (Last, First, Middle Initial)
S&T Bank

Mailing Address 800 Philadelphia Street Box 190

City Indiana State PA Zip Code 15701

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

Transaction ID: SB17-EX3250
Date of Disbursement
12 / 23 / 2004

Amount of Each Disbursement this Period
200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Bank Service Charge

SUBTOTAL of Disbursements This Page (optional) ▶ **379.24**

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Ciocca Benton & Company, P.C.

Mailing Address PO Box 1473

City Altoona State PA Zip Code 16603

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3252
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

10000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Profession-
al Services

Full Name (Last, First, Middle Initial)
B. AT&T Wireless Services

Mailing Address PO 944039

City Maitland State FL Zip Code 32704

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3253
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

308.48

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)
C. American Express

Mailing Address PO Box 360002

City Maitland State FL Zip Code 33336

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3969
Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

175.28

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

SUBTOTAL of Disbursements This Page (optional) ▶

10483.78

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. The Capital Grille

Mailing Address 601 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3370

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

54.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. The Olive Garden

Mailing Address 3315 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3371

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

33.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3373

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

30.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

SUBTOTAL of Disbursements This Page (optional) ▶

117.40

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3374

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

14.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)

B. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3375

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

10.25

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)

C. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3376

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

23.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

SUBTOTAL of Disbursements This Page (optional) ▶

47.25

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. The Dream Restaurant

Mailing Address 1500 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3377

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

67.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. The Dream Restaurant

Mailing Address 1500 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3378

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

32.25

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. U.S. House Members Dine

Mailing Address Street Required

City Washington State DC Zip Code 20515

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3379

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

8.95

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

109.20

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Capital Hill Suites

Mailing Address 200 C Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3381

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

954.90

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address Market Street

City Philadelphia State PA Zip Code 19018

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3383

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

332.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Train

Full Name (Last, First, Middle Initial)

C. Primi Piatti

Mailing Address 2013 Eye Street, NW

City Washington State DC Zip Code 20008

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3380

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

8000.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

7286.90

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 63 / 114

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	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. Mapco Express

Mailing Address 1418 Commerce Road

City Richmond State VA Zip Code 23224

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3382

Date of Disbursement

12 / 23 / 2004

Amount of Each Disbursement this Period

18.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Ove-
 rhead Expenses Vehicle Ex-
 penses

Full Name (Last, First, Middle Initial)

B. McDermott Will & Emery LLP

Mailing Address PO Box 7247-6751
 Lockbox-Washington DC

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3390

Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

1527.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Ove-
 rhead Expenses Legal Cons-
 ultant

Full Name (Last, First, Middle Initial)

C. Covington & Burling

Mailing Address 1201 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3391

Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

31816.22

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Ove-
 rhead Expenses Legal Cons-
 ultant

SUBTOTAL of Disbursements This Page (optional) ▶

33362.17

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

149254.54

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 checked="" type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. William Shuster

Mailing Address 9 Overlook Drive

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Repay Loan

Candidate Name
 William Shuster

Office Sought: House
 Senate
 President
 State: PA District 9

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: SB19A-LP45
 Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal funds
 loaned

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

Mailing Address 9 Overlook Drive

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Repay Loan

Candidate Name
 William Shuster

Office Sought: House
 Senate
 President
 State: PA District 9

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: SB19A-LP50
 Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

repayment of personal funds
 loaned

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

2000.00

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 65 / 114

<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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. Morrison Cove Republican Club

Mailing Address RD 1 Box 426
 Meadowside Acres

City Martinsburg State PA Zip Code 16602

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

012
 Category/
 Type

Transaction ID: SB17-EX3237
 Date of Disbursement

12 / 02 / 2004

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Donations Donations

Full Name (Last, First, Middle Initial)

B. The Salvation Army

Mailing Address 1813 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

012
 Category/
 Type

Transaction ID: SB17-EX3245
 Date of Disbursement

12 / 08 / 2004

Amount of Each Disbursement this Period

50.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Donations Donations

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

300.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 66 / 114
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN13

LOAN SOURCE Full Name (Last, First, Middle Initial) William Shuster	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 9 Overlook Drive		
City Hollidaysburg State PA ZIP Code 16648		
Original Amount of Loan 2000.00	Cumulative Payment To Date 2000.00	Balance Outstanding at Close of This Period .00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 67 / 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN9

LOAN SOURCE Full Name (Last, First, Middle Initial) Kelly H Shuster	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 320 N 30th Street		
City Camp Hill State PA ZIP Code 17011		
Original Amount of Loan 2000.00	Cumulative Payment To Date 2000.00	Balance Outstanding at Close of This Period .00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 19 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 68 / 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN10

LOAN SOURCE Full Name (Last, First, Middle Initial) Margaret A Stader	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 2201 Catharine Street		
City Huntingdon State PA ZIP Code 16852		
Original Amount of Loan 2000.00	Cumulative Payment To Date 2000.00	Balance Outstanding at Close of This Period .00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 69 / 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN11

LOAN SOURCE Full Name (Last, First, Middle Initial) Deborah S King	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 530 Garber Street			
City Hollidaysburg State PA ZIP Code 16648			
Original Amount of Loan 2000.00	Cumulative Payment To Date 2000.00	Balance Outstanding at Close of This Period .00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 70 / 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN12

LOAN SOURCE Full Name (Last, First, Middle Initial) Robert L Shuster	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 320 N 30th Street		
City Camp Hill State PA ZIP Code 17011		
Original Amount of Loan 2000.00	Cumulative Payment To Date 2000.00	Balance Outstanding at Close of This Period .00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 71 / 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN14

LOAN SOURCE Full Name (Last, First, Middle Initial) Virginia L Dixon	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 105 Aldrich Avenue		
City Altoona State PA ZIP Code 16602		
Original Amount of Loan 2000.00	Cumulative Payment To Date 2000.00	Balance Outstanding at Close of This Period .00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 72 / 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN15

LOAN SOURCE Full Name (Last, First, Middle Initial) S&T Bank	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address Commercial Lending PO Box 190			
City Indiana State PA ZIP Code 15701			
Original Amount of Loan 200000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 200000.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	12 th 23 rd 2004	20050930	6.2500 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial) William F Shuster	Name of Employer US Government
Mailing Address 9 Overlook Drive	Occupation Congressman
City Hollidaysburg State PA ZIP Code 16648	Amount Guaranteed Outstanding: 200000.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	200000.00
TOTALS This Period (last page in this line only)	200000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C-1

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 information found on
 Page 73 / 114 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) Bill Shuster for Congress		FEC IDENTIFICATION NUMBER C00384935	
Back Ref ID: SC10-LN15			
LENDING INSTITUTION (LENDER) Full Name S&T Bank	Amount of Loan 200000.00	Interest Rate (APR) 6.2500 %	
Mailing Address Commercial Landing PO Box 190	Date Incurred or Established 12 23 2004	Date Due 20050930	
City Indiana	State Zip Code PA 15701		
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : 12 23 2004			
B. If line of credit. Amount of this Draw: .00		Total Outstanding balance : 200000.00	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? .00 Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>Donations and Fundraisers</u>		What is the estimated value? .00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: 02 23 2004		Location of account M and T Bank Address: PO Box 1473 City, State, Zip: Altoona PA 16803	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. Line of Credit			
G. COMMITTEE TREASURER Typed Name Frederick A Ciocca Signature _____		DATE 12 23 2004	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Richard Scholton Signature _____		DATE 12 23 2004	
Title Sr Regional VP			

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

8
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Survey of attitudes Invoice 448	
Mailing Address 201 North Union Street Suite 410			
City Alexandria	State VA	ZIP Code 22314	
Outstanding Balance Beginning This Period 977.00		Transaction ID: SD9-INV2734	
Amount Incurred This Period .00	Payment This Period 977.00	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kathy's Deli		Nature of Debt (Purpose): Invoice: Catering Invoice 1445 Solitcat	
Mailing Address 881 West King Street Suite C			
City Shippensburg	State PA	ZIP Code 17257	
Outstanding Balance Beginning This Period 3323.75		Transaction ID: SD9-INV2988	
Amount Incurred This Period .00	Payment This Period 3323.75	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invpice: 04-B5-011 Contrast Advertising	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City Malvern	State PA	ZIP Code 19355	
Outstanding Balance Beginning This Period 6755.00		Transaction ID: SD9-INV2882	
Amount Incurred This Period .00	Payment This Period 6755.00	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-BS-012 Runner Advertising Ex	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City Malvern State PA ZIP Code 19355			
Outstanding Balance Beginning This Period 5890.00		Transaction ID: SD9-INV2863	
Amount Incurred This Period .00	Payment This Period 5890.00	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-BS-013 Quotes Advertising Ex	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City Malvern State PA ZIP Code 19355			
Outstanding Balance Beginning This Period 6655.00		Transaction ID: SD9-INV2864	
Amount Incurred This Period .00	Payment This Period 6655.00	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Orchards		Nature of Debt (Purpose): Invoice: 3.22.04 fundraising event Split	
Mailing Address 1580 Orchard Drive			
City Chambersburg State PA ZIP Code 17201			
Outstanding Balance Beginning This Period 3924.49		Transaction ID: SD9-INV2802	
Amount Incurred This Period .00	Payment This Period 3924.49	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

8
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ciocca Benton & Company, P.C.		Nature of Debt (Purpose): Invoice: 2.8.04 to 4.16.04 services Admi	
Mailing Address PO Box 1473			
City	State	ZIP Code	
Altoona	PA	16803	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2867	
3048.10			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	3048.10	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Invoice 4523 sur- vey Polling Exp	
Mailing Address 201 North Union Street Suite 410			
City	State	ZIP Code	
Alexandria	VA	22314	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2890	
16835.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	16835.00	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunoco		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 1700 Seventh Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2817	
33.38			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	33.38	.00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

8
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tortilla Coast		Nature of Debt (Purpose): Invoice: 04.02.04 meals Travel Expenses	
Mailing Address 400 First Street SE			
City	State	ZIP Code	
Washington	DC	20001	
Outstanding Balance Beginning This Period 28.50		Transaction ID: SD9-INV2918	
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
.00		28.50	.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Radio Shack		Nature of Debt (Purpose): Invoice: 04.08.04 supplies Administrativ	
Mailing Address Plank Road Commons 2764 Old Rte 220			
City	State	ZIP Code	
Altoona	PA	16601	
Outstanding Balance Beginning This Period 15.32		Transaction ID: SD9-INV2919	
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
.00		15.32	.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 542 South Center Street			
City	State	ZIP Code	
Ebensburg	PA	15831	
Outstanding Balance Beginning This Period 21.41		Transaction ID: SD9-INV2920	
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
.00		21.41	.00

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunteers Travel Exp	
Mailing Address 3014 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 12.53		Transaction ID: SD9-INV2921	
Amount Incurred This Period .00	Payment This Period 12.53	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address RD 2 Box 12C			
City Bedford	State PA	ZIP Code 16522	
Outstanding Balance Beginning This Period 31.60		Transaction ID: SD9-INV2922	
Amount Incurred This Period .00	Payment This Period 31.50	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 4.44		Transaction ID: SD9-INV2923	
Amount Incurred This Period .00	Payment This Period 4.44	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 23.12		Transaction ID: SD9-INV2924	
Amount Incurred This Period .00	Payment This Period 23.12	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Capital Grille		Nature of Debt (Purpose): Invoice: 4.21 event Solicitation and Fun	
Mailing Address 601 Pennsylvania Avenue, NW			
City Washington	State DC	ZIP Code 20004	
Outstanding Balance Beginning This Period 1669.01		Transaction ID: SD9-INV2925	
Amount Incurred This Period .00	Payment This Period 1669.01	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Splash Car Wash		Nature of Debt (Purpose): Invoice: car wash Administrative/Salary/	
Mailing Address #10 Eye Street SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 33.84		Transaction ID: SD9-INV2926	
Amount Incurred This Period .00	Payment This Period 33.84	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

8
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays			Nature of Debt (Purpose): Invoice: 4.23 Travel Expenses		
Mailing Address Plank Road					
City	State	ZIP Code			
Altoona	PA	16802			
Outstanding Balance Beginning This Period			Transaction ID: SD9-INV2927		
109.75					
Amount Incurred This Period		Payment This Period		Outstanding Balance at Close of This Period	
.00		109.75		.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon			Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary		
Mailing Address 542 South Center Street					
City	State	ZIP Code			
Ebensburg	PA	15631			
Outstanding Balance Beginning This Period			Transaction ID: SD9-INV2928		
25.20					
Amount Incurred This Period		Payment This Period		Outstanding Balance at Close of This Period	
.00		25.20		.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Don Pablos			Nature of Debt (Purpose): Invoice: 4.25 Travel Expenses		
Mailing Address Plank Road					
City	State	ZIP Code			
Altoona	PA	16802			
Outstanding Balance Beginning This Period			Transaction ID: SD9-INV2929		
97.14					
Amount Incurred This Period		Payment This Period		Outstanding Balance at Close of This Period	
.00		97.14		.00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 8
		10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hunan Dynasty		Nature of Debt (Purpose): Invoice: 4.23 Travel Expenses	
Mailing Address 215 Pennsylvania Avenue			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 53.70		Transaction ID: SD9-INV2930	
Amount Incurred This Period .00	Payment This Period 53.70	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FedEx		Nature of Debt (Purpose): Invoice: to piacca from mistri Administr	
Mailing Address PO Box 371481			
City Pittsburgh	State PA	ZIP Code 15250	
Outstanding Balance Beginning This Period 14.08		Transaction ID: SD9-INV2931	
Amount Incurred This Period .00	Payment This Period 14.08	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Al's Tavern		Nature of Debt (Purpose): Invoice: 4.25 Travel Expenses	
Mailing Address 2B31 Eighth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 111.50		Transaction ID: SD9-INV2932	
Amount Incurred This Period .00	Payment This Period 111.50	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 82 / 114
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.25 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 84.00		Transaction ID: SD9-INV2933	
Amount Incurred This Period .00	Payment This Period 84.00	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 25.01		Transaction ID: SD9-INV2934	
Amount Incurred This Period .00	Payment This Period 25.01	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: various office supplies Adminis	
Mailing Address Plank Road/Orchard Plaza			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 58.14		Transaction ID: SD9-INV2935	
Amount Incurred This Period .00	Payment This Period 58.14	Outstanding Balance at Close of This Period .00	

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Outback Steakhouse		Nature of Debt (Purpose): Invoice: 4.24 Travel Expenses	
Mailing Address 100 Sheraton Drive			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 468.77		Transaction ID: SD9-INV2936	
Amount Incurred This Period .00	Payment This Period 468.77	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Outback Steakhouse		Nature of Debt (Purpose): Invoice: 4.24 Travel Expenses	
Mailing Address 100 Sheraton Drive			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 37.10		Transaction ID: SD9-INV2937	
Amount Incurred This Period .00	Payment This Period 37.10	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 1700 Seventh Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 19.13		Transaction ID: SD9-INV2938	
Amount Incurred This Period .00	Payment This Period 19.13	Outstanding Balance at Close of This Period .00	

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

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NAME OF COMMITTEE (In Full)
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for each
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(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: June retainer et- c. 2004-06-160	
Mailing Address 1875 Eye Street NW Suite 540			
City Washington	State DC	ZIP Code 20008	
Outstanding Balance Beginning This Period 6797.00		Transaction ID: SD9-INV2992	
Amount Incurred This Period .00	Payment This Period 6797.00	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FedEx		Nature of Debt (Purpose): Invoice: 5.6 mailing Admi- nistrative/Sala	
Mailing Address PO Box 371481			
City Pittsburgh	State PA	ZIP Code 15250	
Outstanding Balance Beginning This Period 14.08		Transaction ID: SD9-INV3009	
Amount Incurred This Period .00	Payment This Period 14.08	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Traver Shop 1		Nature of Debt (Purpose): Invoice: Gifts Administra- tive/Salary/Ove	
Mailing Address 221 Pennsylvania Avenue SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 45.42		Transaction ID: SD9-INV3010	
Amount Incurred This Period .00	Payment This Period 45.42	Outstanding Balance at Close of This Period .00	

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DEBTS AND OBLIGATIONS

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NAME OF COMMITTEE (In Full)
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(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Hotel Restaurant		Nature of Debt (Purpose): Invoice: 5.10 meal Travel Expenses	
Mailing Address 401 South Juniata Street			
City	State	ZIP Code	
Hollidaysburg	PA	16848	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3011	
91.37			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	91.37	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Capital Grille		Nature of Debt (Purpose): Invoice: 5.22 Travel Expenses	
Mailing Address 601 Pennsylvania Avenue, NW			
City	State	ZIP Code	
Washington	DC	20004	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3012	
41.98			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	41.98	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allegro Restaurant		Nature of Debt (Purpose): Invoice: Staff 5.24 Travel Expenses	
Mailing Address 3926 Broad Avenue			
City	State	ZIP Code	
Alltona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3013	
679.26			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	679.26	.00	

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 88 / 114
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eds Steak House		Nature of Debt (Purpose): Invoice: 5.25 Travel Expenses	
Mailing Address RR 2			
City Bedford	State PA	ZIP Code 15522	
Outstanding Balance Beginning This Period 82.75		Transaction ID: SD9-INV3014	
Amount Incurred This Period .00	Payment This Period 82.75	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.28 stay Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16601	
Outstanding Balance Beginning This Period 817.60		Transaction ID: SD9-INV3019	
Amount Incurred This Period .00	Payment This Period 817.50	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16601	
Outstanding Balance Beginning This Period 2061.53		Transaction ID: SD9-INV3020	
Amount Incurred This Period .00	Payment This Period 2061.53	Outstanding Balance at Close of This Period .00	

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

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NAME OF COMMITTEE (In Full)
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(Use separate
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for each
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Room/Catering etc Campaign Even	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period 2625.83		Transaction ID: SD9-INV3021	
Amount Incurred This Period .00	Payment This Period 2625.83	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Tra- vel Expenses	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period 163.50		Transaction ID: SD9-INV3022	
Amount Incurred This Period .00	Payment This Period 163.50	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Tra- vel Expenses	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period 88.43		Transaction ID: SD9-INV3023	
Amount Incurred This Period .00	Payment This Period 88.43	Outstanding Balance at Close of This Period .00	

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DEBTS AND OBLIGATIONS

Excluding Loans

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Bill Shuster for Congress

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 408.75		Transaction ID: SD9-INV3024	
Amount Incurred This Period .00	Payment This Period 408.75	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 408.75		Transaction ID: SD9-INV3025	
Amount Incurred This Period .00	Payment This Period 408.75	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Hospitality room Campaign Event	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 190.75		Transaction ID: SD9-INV3026	
Amount Incurred This Period .00	Payment This Period 190.75	Outstanding Balance at Close of This Period .00	

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Holding room Cam- paign Event Exp	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3027	
81.75			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	81.75	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Wireless Services		Nature of Debt (Purpose): Invoice: Telecomm services Administrativ	
Mailing Address PO 944039			
City	State	ZIP Code	
Maitland	FL	32794	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3034	
429.30			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	429.30	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NRCC		Nature of Debt (Purpose): Invoice: Speaker Hastert's travel Travel	
Mailing Address 320 First Street SE			
City	State	ZIP Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3154	
3229.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	3229.00	.00	

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DEBTS AND OBLIGATIONS

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pine Grill Inc		Nature of Debt (Purpose): Invoice: 5.28 Travel Expenses	
Mailing Address 800 N Center Avenue			
City Somerset	State PA	ZIP Code 15501	
Outstanding Balance Beginning This Period 61.15		Transaction ID: SD9-INV3058	
Amount Incurred This Period .00	Payment This Period 61.15	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays		Nature of Debt (Purpose): Invoice: 6.07.04 Travel Expenses	
Mailing Address Plank Road			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 221.34		Transaction ID: SD9-INV3059	
Amount Incurred This Period .00	Payment This Period 221.34	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Friendly's		Nature of Debt (Purpose): Invoice: 6.07.04 Travel Expenses	
Mailing Address 200 Sierra Plaza			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 88.19		Transaction ID: SD9-INV3080	
Amount Incurred This Period .00	Payment This Period 88.19	Outstanding Balance at Close of This Period .00	

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eat n Park Restaurants		Nature of Debt (Purpose): Invoice: 6.21.04 Travel Expenses	
Mailing Address Orchard Plaza			
City	State	ZIP Code	
Alltona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3061	
10.58			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	10.58	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor La Colline Restaurant		Nature of Debt (Purpose): Invoice: 6/15 fundraiser meal Solicitati	
Mailing Address 400 North Capital Street NW Suite 175			
City	State	ZIP Code	
Washington	DC	20001	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3082	
680.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	680.00	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Alltona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3083	
37.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	37.00	.00	

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DEBTS AND OBLIGATIONS

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 6.17.04 Travel Expenses	
Mailing Address Street Required			
City State ZIP Code Washington DC 20515			
Outstanding Balance Beginning This Period 9.95		Transaction ID: SD9-INV3084	
Amount Incurred This Period .00	Payment This Period 9.95	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 6.24.04 meals Travel Expenses	
Mailing Address Street Required			
City State ZIP Code Washington DC 20515			
Outstanding Balance Beginning This Period 147.24		Transaction ID: SD9-INV3085	
Amount Incurred This Period .00	Payment This Period 147.24	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 6.25.04 meal Travel Expenses	
Mailing Address Street Required			
City State ZIP Code Washington DC 20515			
Outstanding Balance Beginning This Period 45.60		Transaction ID: SD9-INV3086	
Amount Incurred This Period .00	Payment This Period 45.60	Outstanding Balance at Close of This Period .00	

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 7.9.04 meal Travel Expenses	
Mailing Address Street Required			
City Washington	State DC	ZIP Code 20515	
Outstanding Balance Beginning This Period 15.25		Transaction ID: SD9-INV3087	
Amount Incurred This Period .00	Payment This Period 15.25	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capital Hill Club		Nature of Debt (Purpose): Invoice: various meals Travel Expenses	
Mailing Address 300 First Street SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 91.76		Transaction ID: SD9-INV3088	
Amount Incurred This Period .00	Payment This Period 91.76	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Galileo Ristorante		Nature of Debt (Purpose): Invoice: 7.03.04 meal Travel Expenses	
Mailing Address 1110 21st Street NW			
City Washington	State DC	ZIP Code 20038	
Outstanding Balance Beginning This Period 58.50		Transaction ID: SD9-INV3089	
Amount Incurred This Period .00	Payment This Period 58.50	Outstanding Balance at Close of This Period .00	

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: August retainer and FedEx Adver	
Mailing Address 1875 Eye Street NW Suite 540			
City Washington State DC ZIP Code 20008			
Outstanding Balance Beginning This Period 6593.06		Transaction ID: SD9-INV3155	
Amount Incurred This Period .00	Payment This Period 6593.06	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.29.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City New York State NY ZIP Code 10013			
Outstanding Balance Beginning This Period 200.00		Transaction ID: SD9-INV3111	
Amount Incurred This Period .00	Payment This Period 200.00	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.30.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City New York State NY ZIP Code 10013			
Outstanding Balance Beginning This Period 200.00		Transaction ID: SD9-INV3112	
Amount Incurred This Period .00	Payment This Period 200.00	Outstanding Balance at Close of This Period .00	

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DEBTS AND OBLIGATIONS

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NAME OF COMMITTEE (In Full)
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(Use separate schedule(s) for each numbered line)	PAGE 95 / 114
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.30.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City	State	ZIP Code	
New York	NY	10013	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3113	
200.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	200.00	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.30.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City	State	ZIP Code	
New York	NY	10013	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3114	
200.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	200.00	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Frsh Fields Whole Foods Market		Nature of Debt (Purpose): Invoice: 7.20.04 Travel Expenses	
Mailing Address 2323 Wisconsin Avenue NW			
City	State	ZIP Code	
Washington	DC	20007	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3116	
148.28			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	148.28	.00	

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Hotel Restaurant		Nature of Debt (Purpose): Invoice: 7.23.04 Travel Expenses	
Mailing Address 401 South Juniata Street			
City Hollidaysburg	State PA	ZIP Code 16648	
Outstanding Balance Beginning This Period 28.68		Transaction ID: SD9-INV3117	
Amount Incurred This Period .00	Payment This Period 28.68	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: 7.23.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16648	
Outstanding Balance Beginning This Period 4.73		Transaction ID: SD9-INV3118	
Amount Incurred This Period .00	Payment This Period 4.73	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 30.19		Transaction ID: SD9-INV3119	
Amount Incurred This Period .00	Payment This Period 30.19	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn-Ligonier		Nature of Debt (Purpose): Invoice: 8.09.04 stay Travel Expenses	
Mailing Address 216 W Loyalhanna Street			
City Ligonier	State PA	ZIP Code 15658	
Outstanding Balance Beginning This Period 97.01		Transaction ID: SD9-INV3120	
Amount Incurred This Period .00	Payment This Period 97.01	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn-Ligonier		Nature of Debt (Purpose): Invoice: 8.09.04 stay Travel Expenses	
Mailing Address 216 W Loyalhanna Street			
City Ligonier	State PA	ZIP Code 15658	
Outstanding Balance Beginning This Period 97.01		Transaction ID: SD9-INV3121	
Amount Incurred This Period .00	Payment This Period 97.01	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton New York		Nature of Debt (Purpose): Invoice: Deposit Travel Expenses	
Mailing Address 1335 Avenue of the Americas			
City New York	State NY	ZIP Code 10019	
Outstanding Balance Beginning This Period 200.00		Transaction ID: SD9-INV3134	
Amount Incurred This Period .00	Payment This Period 200.00	Outstanding Balance at Close of This Period .00	

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2) TOTALS This Period (last page this line number only)	▶	
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 98 / 114
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3135	
29.05			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	29.05	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Regency Transportation Group Limited		Nature of Debt (Purpose): Invoice: 8.18.04 limo Travel Expenses	
Mailing Address 1310 Superior Avenue			
City	State	ZIP Code	
Pittsburgh	PA	15212	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3136	
234.07			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	234.07	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Regency Transportation Group Limited		Nature of Debt (Purpose): Invoice: 8.18.04 limo Travel Expenses	
Mailing Address 1310 Superior Avenue			
City	State	ZIP Code	
Pittsburgh	PA	15212	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3137	
180.92			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	180.92	.00	

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amtrak		Nature of Debt (Purpose): Invoice: 8.24.04 Travel Expenses	
Mailing Address Market Street			
City Philadelphia	State PA	ZIP Code 19019	
Outstanding Balance Beginning This Period 124.95		Transaction ID: SD9-INV3138	
Amount Incurred This Period .00	Payment This Period 124.95	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capital Hill Club		Nature of Debt (Purpose): Invoice: various dinners Travel Expenses	
Mailing Address 300 First Street SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 199.65		Transaction ID: SD9-INV3140	
Amount Incurred This Period .00	Payment This Period 199.65	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CVS Pharmacy		Nature of Debt (Purpose): Invoice: supplies Administrative/Salary/	
Mailing Address 3200 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 8.13		Transaction ID: SD9-INV3142	
Amount Incurred This Period .00	Payment This Period 8.13	Outstanding Balance at Close of This Period .00	

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DEBTS AND OBLIGATIONS

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton New York		Nature of Debt (Purpose): Invoice: Republican Convention Travel Ex	
Mailing Address 1335 Avenue of the Americas			
City New York	State NY	ZIP Code 10019	
Outstanding Balance Beginning This Period 1745.00		Transaction ID: SD9-INV3143	
Amount Incurred This Period .00	Payment This Period 1745.00	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Town Car Limo Service Inc.		Nature of Debt (Purpose): Invoice: Republican Convention Travel Ex	
Mailing Address 245 W 72nd Street			
City New York	State NY	ZIP Code 10023	
Outstanding Balance Beginning This Period 92.41		Transaction ID: SD9-INV3144	
Amount Incurred This Period .00	Payment This Period 92.41	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Altoona Mirror		Nature of Debt (Purpose): Invoice: Newspapers Administrative/Salar	
Mailing Address PO Box 200B			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 14.00		Transaction ID: SD9-INV3145	
Amount Incurred This Period .00	Payment This Period 14.00	Outstanding Balance at Close of This Period .00	

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
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(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton New York		Nature of Debt (Purpose): Invoice: Republican convention Travel Ex	
Mailing Address 1335 Avenue of the Americas			
City New York	State NY	ZIP Code 10019	
Outstanding Balance Beginning This Period 1240.65		Transaction ID: SD9-INV3178	
Amount Incurred This Period .00	Payment This Period 1240.65	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton New York		Nature of Debt (Purpose): Invoice: Republican convention Travel Ex	
Mailing Address 1335 Avenue of the Americas			
City New York	State NY	ZIP Code 10019	
Outstanding Balance Beginning This Period 204.30		Transaction ID: SD9-INV3179	
Amount Incurred This Period .00	Payment This Period 204.30	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor McAfee Software		Nature of Debt (Purpose): Invoice: Antivirus software Administration	
Mailing Address 3985 Freedom Circle			
City Santa Clara	State CA	ZIP Code 95054	
Outstanding Balance Beginning This Period 29.95		Transaction ID: SD9-INV3181	
Amount Incurred This Period .00	Payment This Period 29.95	Outstanding Balance at Close of This Period .00	

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(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 8
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 14.54		Transaction ID: SD9-INV3183	
Amount Incurred This Period .00	Payment This Period 14.54	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Johnny On The Spot		Nature of Debt (Purpose): Invoice: Administrative-Salary/Overhead	
Mailing Address 2802 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 14.83		Transaction ID: SD9-INV3184	
Amount Incurred This Period .00	Payment This Period 14.83	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Marzoni's		Nature of Debt (Purpose): Invoice: 100204 Travel Expenses	
Mailing Address 165 Patchway Road			
City Duncansville	State PA	ZIP Code 16835	
Outstanding Balance Beginning This Period 25.58		Transaction ID: SD9-INV3185	
Amount Incurred This Period .00	Payment This Period 25.58	Outstanding Balance at Close of This Period .00	

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DEBTS AND OBLIGATIONS

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(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Town Car Limo Service Inc.		Nature of Debt (Purpose): Invoice: 090504 service Travel Expenses	
Mailing Address 245 W 72nd Street			
City	State	ZIP Code	
New York	NY	10023	
Outstanding Balance Beginning This Period 80.98		Transaction ID: SD9-INV3186	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	80.98	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club		Nature of Debt (Purpose): Invoice: 081704 Travel Ex- penses	
Mailing Address 300 First Street SE			
City	State	ZIP Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period 51.73		Transaction ID: SD9-INV3187	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	51.73	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 092904 Travel Ex- penses	
Mailing Address Street Required			
City	State	ZIP Code	
Washington	DC	20515	
Outstanding Balance Beginning This Period 64.15		Transaction ID: SD9-INV3188	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	64.15	.00	

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 104 / 114
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 100504 Travel Expenses	
Mailing Address Street Required			
City State ZIP Code Washington DC 20515			
Outstanding Balance Beginning This Period 9.95		Transaction ID: SD9-INV3189	
Amount Incurred This Period .00	Payment This Period 9.95	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 100804 Travel Expenses	
Mailing Address Street Required			
City State ZIP Code Washington DC 20515			
Outstanding Balance Beginning This Period 49.60		Transaction ID: SD9-INV3190	
Amount Incurred This Period .00	Payment This Period 49.60	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-B5-001G Unity Letter Campaign	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City State ZIP Code Malvern PA 19355			
Outstanding Balance Beginning This Period 7875.00		Transaction ID: SD9-INV3201	
Amount Incurred This Period .00	Payment This Period 7875.00	Outstanding Balance at Close of This Period .00	

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DEBTS AND OBLIGATIONS

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Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hampton Inn		Nature of Debt (Purpose): Invoice: 1D.22 stay Travel Expenses	
Mailing Address 180 Charlotte Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 157.40		Transaction ID: SD9-INV3224	
Amount Incurred This Period .00	Payment This Period 157.40	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hampton Inn		Nature of Debt (Purpose): Invoice: 1D.22 stay Travel Expenses	
Mailing Address 180 Charlotte Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 157.40		Transaction ID: SD9-INV3225	
Amount Incurred This Period .00	Payment This Period 157.40	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hampton Inn		Nature of Debt (Purpose): Invoice: 1D.23 stay Travel Expenses	
Mailing Address 180 Charlotte Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 393.50		Transaction ID: SD9-INV3226	
Amount Incurred This Period .00	Payment This Period 393.50	Outstanding Balance at Close of This Period .00	

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DEBTS AND OBLIGATIONS

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Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Of Representatives		Nature of Debt (Purpose): Invoice: Gift R. Young Ad- ministrative/Sa	
Mailing Address House Gift Shop B-217 Longworth Bldg			
City Washington	State DC	ZIP Code 20515	
Outstanding Balance Beginning This Period 129.60		Transaction ID: SD9-INV3227	
Amount Incurred This Period .00	Payment This Period 129.60	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Zachs Sports And Spirits		Nature of Debt (Purpose): Invoice: 11.04.04 Travel Expenses	
Mailing Address 5B20 Sixth Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 65.00		Transaction ID: SD9-INV3236	
Amount Incurred This Period .00	Payment This Period 65.00	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Zachs Sports And Spirits		Nature of Debt (Purpose): Invoice: 1D.31.04 Travel Expenses	
Mailing Address 5B20 Sixth Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 122.87		Transaction ID: SD9-INV3237	
Amount Incurred This Period .00	Payment This Period 122.87	Outstanding Balance at Close of This Period .00	

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 107 / 114
	FOR LINE NUMBER: (check only one)
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	<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club		Nature of Debt (Purpose): Invoice: 1D.14.04 Administrative/Salary/	
Mailing Address 300 First Street SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 375.00		Transaction ID: SD9-INV3238	
Amount Incurred This Period .00	Payment This Period 375.00	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allegro Restaurant		Nature of Debt (Purpose): Invoice: 1D.21.04 Travel Expenses	
Mailing Address 3828 Broad Avenue			
City Altoona	State PA	ZIP Code 16601	
Outstanding Balance Beginning This Period 188.40		Transaction ID: SD9-INV3239	
Amount Incurred This Period .00	Payment This Period 188.40	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hampton Inn		Nature of Debt (Purpose): Invoice: 1D.22.04 stay Travel Expenses	
Mailing Address 180 Charlotte Drive			
City Altoona	State PA	ZIP Code 16601	
Outstanding Balance Beginning This Period 78.68		Transaction ID: SD9-INV3240	
Amount Incurred This Period .00	Payment This Period 78.68	Outstanding Balance at Close of This Period .00	

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 Bill Shuster for Congress

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		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hampton Inn		Nature of Debt (Purpose): Invoice: 11.02.04 stay Travel Expenses	
Mailing Address 180 Charlotte Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 157.40		Transaction ID: SD9-INV3241	
Amount Incurred This Period .00	Payment This Period 157.40	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Knickerbocker Tavern		Nature of Debt (Purpose): Invoice: 10.22.04 Travel Expenses	
Mailing Address 3857 Sixth Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 168.61		Transaction ID: SD9-INV3242	
Amount Incurred This Period .00	Payment This Period 168.61	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comfort Inns		Nature of Debt (Purpose): Invoice: 10.22.04 Travel Expenses	
Mailing Address 1350 Indian Springs Road			
City Indiana	State PA	ZIP Code 15701	
Outstanding Balance Beginning This Period 270.32		Transaction ID: SD9-INV3243	
Amount Incurred This Period .00	Payment This Period 270.32	Outstanding Balance at Close of This Period .00	

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Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 11.02 stay Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 79.57		Transaction ID: SD9-INV3244	
Amount Incurred This Period .00	Payment This Period 79.57	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 11.02 stay Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 79.67		Transaction ID: SD9-INV3245	
Amount Incurred This Period .00	Payment This Period 79.57	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunoco		Nature of Debt (Purpose): Invoice: gasoline Administrative/Salary/	
Mailing Address 1700 Seventh Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 32.93		Transaction ID: SD9-INV3246	
Amount Incurred This Period .00	Payment This Period 32.93	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
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Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 380002			
City Altoona	State PA	ZIP Code 33338	
Outstanding Balance Beginning This Period 145.20		Transaction ID: SD9-INV3228	
Amount Incurred This Period .00	Payment This Period 145.20	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays		Nature of Debt (Purpose): Invoice: 1D.11.04 Travel Expenses	
Mailing Address Plank Road			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 27.00		Transaction ID: SD9-INV3229	
Amount Incurred This Period .00	Payment This Period 27.00	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: 1D.26.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16848	
Outstanding Balance Beginning This Period 44.13		Transaction ID: SD9-INV3230	
Amount Incurred This Period .00	Payment This Period 44.13	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 8
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: 10.29.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16648	
Outstanding Balance Beginning This Period 71.34		Transaction ID: SD9-INV3231	
Amount Incurred This Period .00	Payment This Period 71.34	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: 11.01.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16648	
Outstanding Balance Beginning This Period 28.00		Transaction ID: SD9-INV3232	
Amount Incurred This Period .00	Payment This Period 28.00	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 35.75		Transaction ID: SD9-INV3233	
Amount Incurred This Period .00	Payment This Period 35.75	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

8
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc			Nature of Debt (Purpose): Invoice: gasoline Administrative/Salary/
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period			Transaction ID: SD9-INV3234
22.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	22.00	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc			Nature of Debt (Purpose): Invoice: gasoline Administrative/Salary/
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period			Transaction ID: SD9-INV3235
30.27			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	30.27	.00	

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Invoice 4481 sur- vey Polling Exp	
Mailing Address 201 North Union Street Suite 410			
City	State	ZIP Code	
Alexandria	VA	22314	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2989	
7977.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	7977.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: Final retainer Advertising Expe	
Mailing Address 1875 Eye Street NW Suite 540			
City	State	ZIP Code	
Washington	DC	20006	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3156	
5000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	5000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Covington & Burling		Nature of Debt (Purpose): Invoice: Invoice 6D3393B8 Administrative	
Mailing Address 1201 Pennsylvania Avenue, NW			
City	State	ZIP Code	
Washington	DC	20004	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3289	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
63632.45	31816.22	31816.23	

1) SUBTOTALS This Period This Page (optional)	▶	44793.23
2) TOTALS This Period (last page this line number only)	▶	44793.23
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Form/Schedule: F3N

Transaction ID:

The accompanying Report of Receipts and Disbursements from November 23, 2004 through December 31, 2004 for the Bill Shuster for Congress Committee included in the prescribed form have been prepared by Frederick A. Ciocca, CPA. I have prepared such financial statements in my capacity as treasurer of the Bill Shuster for Congress Committee.
