

# 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 16648

2. **FEC IDENTIFICATION NUMBER** C00364935  
**CITY** **STATE** **ZIP CODE**  
STATE DISTRICT PA 09  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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 07 01 2008 through 09 30 2008

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 10 13 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period:

From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	158875.00	869107.47
(b) Total Contribution Refunds (from Line 20(d)).....	.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	158875.00	868857.47
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	115187.74	621401.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	2343.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	115187.74	619058.18
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>305429.57</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>248.67</b>	

**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 12/2003)

Write or Type Committee Name  
 Bill Shuster for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**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).....

77100.00

405787.47

(ii) Unitemized.....

3475.00

24820.00

(iii) TOTAL of contributions

80575.00

430607.47

from individuals..... ▶

.00

.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

78300.00

438500.00

(d) The Candidate.....

.00

.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

158875.00

869107.47

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

.00

.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

.00

.00

(b) All Other Loans.....

.00

30000.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

.00

30000.00

14. OFFSETS TO OPERATING

EXPENDITURES

(Refunds, Rebates, etc.).....

.00

2343.35

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)..... ▶

158875.00

901450.82

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	115187.74	621401.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of all Other Loans.....	.00	30000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	30000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	.00	250.00
(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	250.00
21. OTHER DISBURSEMENTS.....	5883.63	36253.13
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	121071.37	687904.66

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	267625.94
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	158875.00
25. SUBTOTAL (add Line 23 and Line 24).....	426500.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	121071.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	305429.57

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 5 / 103</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rick Barefoot</p> <p>Mailing Address 184 Crosswinds Road</p> <p>City State Zip Code Alum Bank PA 15521</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation H Fred Barefoot Trucking Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="float: right; border: 1px solid black; padding: 2px;">1400.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11Ai-CN6433</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">600.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	8												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Barbara M Bearer</p> <p>Mailing Address 544 Chestnut St</p> <p>City State Zip Code Indiana PA 15701</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation North Cambria Fuel Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="float: right; border: 1px solid black; padding: 2px;">450.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11Ai-CN6360</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												

<p><b>C.</b> Full Name (Last, First, Middle Initial) Robert J Beiter, Jr</p> <p>Mailing Address 898 Truax Rd</p> <p>City State Zip Code Everett PA 15537</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Szanca Solutions Inc Research Analyst</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="float: right; border: 1px solid black; padding: 2px;">550.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11Ai-CN6368</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	0	8												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1100.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Lawrence L Benjamin		Date of Receipt
	Mailing Address 32611 Northfield Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Northfield	MN	55057
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN6298
Name of Employer Northfield Lines		Occupation Motorcoach Operator	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) John A Bonya		Date of Receipt
	Mailing Address 134 S Sixth Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Indiana	PA	15701
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN6358
Name of Employer Bonya Gazza & Degory LLP		Occupation Attorney/Partner	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) James G Boone		Date of Receipt
	Mailing Address RD 3 Box 240		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Altoona	PA	16601
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN6430
Name of Employer Lytles Transfer		Occupation COO	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 103  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Todd D Brice

Mailing Address 124 Nicola Ln

City State Zip Code  
Indiana PA 15701

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

Name of Employer S&T Bank      Occupation CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11Ai-CN6349

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Autumn Dipert Brown

Mailing Address 1607 2nd St W

City State Zip Code  
Arlington TX 76013

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

Name of Employer Dan Dipert Coaches Inc      Occupation Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11Ai-CN6295

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
David R Brown

Mailing Address 3902 Rockingham Rd S

City State Zip Code  
Greensboro NC 27407

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

Name of Employer Holiday Companies LLC      Occupation Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11Ai-CN6294

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Stephen B Brown

Mailing Address 15 Joyous Ln

City State Zip Code  
Scotia NY 12302

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

Name of Employer Occupation  
Brown Coach Motorcoach Operator

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2008

**Transaction ID:** SA11Ai-CN6292

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Art G Bruaw, Jr.

Mailing Address PO Box 277  
1042 Mercersburg Road

City State Zip Code  
Saint Thomas PA 17252

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

Name of Employer Occupation  
E. C. Barnes Inc President/Distributor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2008

**Transaction ID:** SA11Ai-CN6402

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Karen Quinn Carr

Mailing Address 2249 Turk Rd

City State Zip Code  
Doylestown PA 18901

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

Name of Employer Occupation  
Coherent Systems International Marketing Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2008

**Transaction ID:** SA11Ai-CN6371

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3300.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 103

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)

Morley A Cohn

Mailing Address 4305 2nd Ave

City	State	Zip Code
Altoona	PA	16602

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

Name of Employer Kopp Drug	Occupation Pharmacist/President
-------------------------------	------------------------------------

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
---	-------------------------------------

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2008

Transaction ID: SA11Ai-CN6432

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Lou Crocco

Mailing Address 122 Palliser St

City	State	Zip Code
Johnstown	PA	15905

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

Name of Employer Duane Morris Government Affairs	Occupation Managing Director
---	---------------------------------

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

MM / DD / YYYY  
09 / 01 / 2008

Transaction ID: SA11Ai-CN6374

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Bruno Degol, Jr.

Mailing Address RD 5 Box 25-A

City	State	Zip Code
Tyrone	PA	16686

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

Name of Employer DeGol Organization	Occupation Executive
--	-------------------------

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00
---	-------------------------------------

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2008

Transaction ID: SA11Ai-CN6426

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 103  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Donald L Detwiler

Mailing Address 233 Stonehedge Road

City Hollidaysburg State PA Zip Code 16648

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

Name of Employer: New Enterprise Stone and Lime  
Occupation: Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3700.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: SA11Ai-CN6438  
Amount of Each Receipt this Period: 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Paul I Detwiler, Jr.

Mailing Address 186 Arandale Street

City Bedford State PA Zip Code 15522

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

Name of Employer: New Enterprise Stone and Lime  
Occupation: Chairman Of The Board

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: SA11Ai-CN6422  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Donald Devorris

Mailing Address 304 E Ward Avenue

City Altoona State PA Zip Code 16602

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

Name of Employer: Blair Companies  
Occupation: CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt: 09 / 22 / 2008  
Transaction ID: SA11Ai-CN6408  
Amount of Each Receipt this Period: 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 103  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
John J Dolan  
Mailing Address 145 N Seventh Street  
City Indiana State PA Zip Code 15701  
FEC ID number of contributing federal political committee. C

Date of Receipt 08 / 28 / 2008  
**Transaction ID:** SA11Ai-CN6348  
Amount of Each Receipt this Period 300.00

Name of Employer: First Commonwealth Financial   Occupation: President & CEO  
Receipt For: 2008   Election Cycle-to-Date 1050.00  
 Primary    General  
 Other (specify) ▼

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Michael J Donnelly  
Mailing Address 118 Greenview Drive  
City Indiana State PA Zip Code 15701  
FEC ID number of contributing federal political committee. C

Date of Receipt 08 / 28 / 2008  
**Transaction ID:** SA11Ai-CN6342  
Amount of Each Receipt this Period 300.00

Name of Employer: The Indiana Gazette   Occupation: President & Publisher  
Receipt For: 2008   Election Cycle-to-Date 500.00  
 Primary    General  
 Other (specify) ▼

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Steve Emerick  
Mailing Address PSC 482 Box 2658  
City FPO State AP Zip Code 96362  
FEC ID number of contributing federal political committee. C

Date of Receipt 08 / 15 / 2008  
**Transaction ID:** SA11Ai-CN6313  
Amount of Each Receipt this Period 250.00

Name of Employer: Marine Corps Community Service   Occupation: Gardener  
Receipt For: 2008   Election Cycle-to-Date 250.00  
 Primary    General  
 Other (specify) ▼

VRCE2DB0A4E3  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 850.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 103  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Joseph Fagan, Jr  
Mailing Address 1327 Red Oak Dr

City Chalfont State PA Zip Code 18914

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt: 09 / 01 / 2008  
Transaction ID: SA11Ai-CN6378  
Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Megan T. Reilly Fagan  
Mailing Address 1327 Red Oak Dr

City Chalfont State PA Zip Code 18914

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt: 09 / 01 / 2008  
Transaction ID: SA11Ai-CN6379  
Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
J. Clifford Forrest  
Mailing Address 301 Market St

City Kittanning State PA Zip Code 16201

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

Name of Employer Rosebud Mining Company Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 08 / 28 / 2008  
Transaction ID: SA11Ai-CN6354  
Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 103  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Anthea Germano

Mailing Address 307 20th St S

City State Zip Code  
Altoona PA 16602

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

Name of Employer Occupation  
PA Department Of Health Public Health Administrator

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2008

Transaction ID: SA11Ai-CN6400

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Vanessa D Getz

Mailing Address 315 Brown St  
Apt 6

City State Zip Code  
Everson PA 15631

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

Name of Employer Occupation  
Greenlee Partners LLC Managing Director - Western PA

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2008

Transaction ID: SA11Ai-CN6327

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Howard F Gilson

Mailing Address 131 Southwest St

City State Zip Code  
Doylestown PA 18901

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

Name of Employer Occupation  
CSI Manager

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2008

Transaction ID: SA11Ai-CN6381

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) David K Goodman, Jr.		Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address 2015 Ellis Avenue		Transaction ID: SA11Ai-CN6272
	City Huntingdon	State PA	Zip Code 16652
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer DC Goodman and Sons Inc	Occupation President/Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Paul Gray		Date of Receipt MM / DD / YYYY 09 / 01 / 2008
	Mailing Address 43389 Deepspring Ct		Transaction ID: SA11Ai-CN6372
	City Ashburn	State VA	Zip Code 20147
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer Core Concepts LLC	Occupation Managing Member	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph A Hardy, III		Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address 1019 Route 519 Building #5		Transaction ID: SA11Ai-CN6339
	City Eighty Four	State PA	Zip Code 15330
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer 84 Lumber Company	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 15 / 103</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Elsie Hilliard Hillman</p> <p>Mailing Address 123 Holyrood Road</p> <p>City State Zip Code Pittsburgh PA 15213</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer None      Occupation Philanthropist</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 22 / 2008</span></p> <p><b>Transaction ID:</b> SA11Ai-CN6409</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jacquelyn H Hinchliffe</p> <p>Mailing Address 141 Buttermilk Lane</p> <p>City State Zip Code Hopwood PA 15445</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer None      Occupation None</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 27 / 2008</span></p> <p><b>Transaction ID:</b> SA11Ai-CN6317</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Humberto Ho</p> <p>Mailing Address 14128 Bear Creek Dr</p> <p>City State Zip Code Boyds MD 20841</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Ho Brothers Development LLC      Occupation Real Estate</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 22 / 2008</span></p> <p><b>Transaction ID:</b> SA11Ai-CN6394</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Laura R Howell		Date of Receipt
	Mailing Address PO Box 3361		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2008
	City	State	Zip Code
	Annapolis	MD	21403
	FEC ID number of contributing federal political committee.		Transaction ID: SA11Ai-CN6437
Name of Employer Self Employed		Occupation Artist	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 300.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rick Ianieri		Date of Receipt
	Mailing Address 2249 Turk Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2008
	City	State	Zip Code
	Doylestown	PA	18901
	FEC ID number of contributing federal political committee.		Transaction ID: SA11Ai-CN6370
Name of Employer Coherent Systems International		Occupation President & CEO	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

<b>C.</b>	Full Name (Last, First, Middle Initial) Barbara A Ilsemann		Date of Receipt
	Mailing Address 893 Johnson Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2008
	City	State	Zip Code
	Warrington	PA	18976
	FEC ID number of contributing federal political committee.		Transaction ID: SA11Ai-CN6377
Name of Employer None		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3900.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 17 / 103  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Frederick J Ilsemann  
Mailing Address 893 Johnson Ct  
City Warrington State PA Zip Code 18976  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coherent Systems International Occupation Vice President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 01 / 2008  
Transaction ID: SA11Ai-CN6376  
Amount of Each Receipt this Period 2300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Daryl G Johnson  
Mailing Address 19526 Merrillwood  
City Humble State TX Zip Code 77346  
FEC ID number of contributing federal political committee. **C**  
Name of Employer J&J Charters Occupation Motorcoach Operator  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 08 / 05 / 2008  
Transaction ID: SA11Ai-CN6291  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Dr. Alice Plummer Joyce  
Mailing Address 3518 Fort Roberdeau Ave  
City Altoona State PA Zip Code 16602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Dermatologist  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 22 / 2008  
Transaction ID: SA11Ai-CN6407  
Amount of Each Receipt this Period 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4300.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 103  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert H Kirst

Mailing Address 268 Shady Hollow Road

City Somerset State PA Zip Code 15501

FEC ID number of contributing federal political committee. C

Name of Employer: Global/SFC Valve Corp   Occupation: President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2600.00

Date of Receipt 07 / 23 / 2008  
**Transaction ID:** SA11Ai-CN6277

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lena C Kuchera

Mailing Address 1705 Frankstown Rd

City Summerhill State PA Zip Code 15958

FEC ID number of contributing federal political committee. C

Name of Employer: None   Occupation: Homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 09 / 01 / 2008  
**Transaction ID:** SA11Ai-CN6364

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lisa M Kuchera

Mailing Address 1125 Weaver Rd

City Johnstown State PA Zip Code 15904

FEC ID number of contributing federal political committee. C

Name of Employer: None   Occupation: Homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 01 / 2008  
**Transaction ID:** SA11Ai-CN6367

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 5600.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald Kuchera		Date of Receipt
	Mailing Address 1125 Weaver Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2008
	City	State	Zip Code
	Johnstown	PA	15904
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN6383
Name of Employer Kuchera Industries		Occupation CFO	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) William Kuchera, Jr		Date of Receipt
	Mailing Address 1800 Dolphin Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2008
	City	State	Zip Code
	Johnstown	PA	15904
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN6382
Name of Employer Kuchera Industries		Occupation CEO	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Conrad A Lass		Date of Receipt
	Mailing Address 1301 Chancel PI		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 29 / 2008
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN6410
Name of Employer Electric Power Supply Ass- ociation		Occupation Vice President - Legislative Affairs	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 50.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 4650.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 20 / 103  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lauren D Lebron

Mailing Address 1540 Madison St

City Elmont State NY Zip Code 11003

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

Name of Employer Paradise Trailways Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2008  
**Transaction ID:** SA11Ai-CN6288  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
P Joseph Lehman, Jr.

Mailing Address 315 Quince Ct

City Hollidaysburg State PA Zip Code 16648

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

Name of Employer P Joseph Lehman Inc Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3350.00

Date of Receipt 09 / 22 / 2008  
**Transaction ID:** SA11Ai-CN6406  
 Amount of Each Receipt this Period 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ronald M Little

Mailing Address 347 Spring St S

City Blairsville State PA Zip Code 15717

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

Name of Employer North Cambria Fuel Occupation General Manager

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2008  
**Transaction ID:** SA11Ai-CN6361  
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 103  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial) Shawn M Long		Date of Receipt MM / DD / YYYY 09 / 01 / 2008
Mailing Address 110 Wellington Way		<b>Transaction ID:</b> SA11Ai-CN6375
City Johnstown	State PA	Zip Code 15904
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2300.00
Name of Employer PBF Online	Occupation President & CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

**B.**

Full Name (Last, First, Middle Initial) Brett S Loper		Date of Receipt MM / DD / YYYY 09 / 22 / 2008
Mailing Address 3309 23rd St N		<b>Transaction ID:</b> SA11Ai-CN6393
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer AdvaMed	Occupation Senior Executive VP And Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Robert L Maher		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 207 James Ave		<b>Transaction ID:</b> SA11Ai-CN6281
City Patton	State PA	Zip Code 16668
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Value Health Center Pharmacy	Occupation Consultant Pharmacist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 22 / 103  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert S Marcus  
Mailing Address 57 South Sixth Street  
City Indiana State PA Zip Code 15701  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Marcus & Mack Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00  
Date of Receipt 08 / 28 / 2008  
Transaction ID: SA11Ai-CN6363  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jacqueline Martella McGowan  
Mailing Address 245 Tall Timber Dr  
City Johnstown State PA Zip Code 15904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Boswell Pharmacy Services Occupation Manager  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00  
Date of Receipt 09 / 01 / 2008  
Transaction ID: SA11Ai-CN6366  
Amount of Each Receipt this Period 2300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Paul J McGowan  
Mailing Address 1780 Regal Dr  
City Johnstown State PA Zip Code 15904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Diamonds Incorporated Occupation President  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 09 / 01 / 2008  
Transaction ID: SA11Ai-CN6380  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3050.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 103

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Robert M McGowan, Jr

Mailing Address 245 Tall Timber Dr

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation  
Argon St VP-General Manager

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3239.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11Ai-CN6312

Amount of Each Receipt this Period

439.00

In-kind contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

In-Kind Received Catering bill paid for

**B.**

Full Name (Last, First, Middle Initial)  
Robert M McGowan, Jr

Mailing Address 245 Tall Timber Dr

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation  
Argon St VP-General Manager

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: SA11Ai-CN6365

Amount of Each Receipt this Period

1361.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Michael W McLanahan

Mailing Address 1111 Pine Street

City State Zip Code  
Hollidaysburg PA 16648

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

Name of Employer Occupation  
McLanahan Corporation Businessman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11Ai-CN6431

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

1900.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 103  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Paul C Mellott, Jr.  
Mailing Address 13220 Fountainhead Road  
City Hagerstown State MD Zip Code 21742  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mellott Company Occupation Chairman & CEO  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 07 / 21 / 2008  
Transaction ID: SA11Ai-CN6271  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Daniel P Meuser  
Mailing Address 182 Susquehanna Ave  
City West Pittson State PA Zip Code 18643  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pride Mobility Products Corp Occupation President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00  
Date of Receipt 09 / 22 / 2008  
Transaction ID: SA11Ai-CN6404  
Amount of Each Receipt this Period 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
James C Miller  
Mailing Address 207 Concord Street  
City Indiana State PA Zip Code 15701  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired Banker  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 450.00  
Date of Receipt 08 / 28 / 2008  
Transaction ID: SA11Ai-CN6352  
Amount of Each Receipt this Period 200.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3200.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 25 / 103
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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Marcia Y Milton		Date of Receipt MM / DD / YYYY 08 / 05 / 2008		
	Mailing Address 12601 Woodbridge Ct		<b>Transaction ID:</b> SA11Ai-CN6293		
	City Mitchellville	State MD	Zip Code 20721	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer First Priority Trailways Inc.	Occupation President & CEO	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Barry H Newborn		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address PO Box 1713		<b>Transaction ID:</b> SA11Ai-CN6434		
	City Altoona	State PA	Zip Code 16603	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Newborn Enterprises Inc	Occupation Executive	Election Cycle-to-Date 300.00		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrew Phillip Pajak		Date of Receipt MM / DD / YYYY 08 / 27 / 2008		
	Mailing Address 2018 Grove Dr W		<b>Transaction ID:</b> SA11Ai-CN6326		
	City Gibsonia	State PA	Zip Code 15044	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Michael Baker Corporation	Occupation Engineer	Election Cycle-to-Date 250.00		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 103  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Karen E Pfeffer

Mailing Address 160 Stonehedge Road

City Hollidaysburg State PA Zip Code 16648

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

3700.00

Date of Receipt: 09 / 30 / 2008

Transaction ID: SA11Ai-CN6435

Amount of Each Receipt this Period: 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Jeff Polzien

Mailing Address 11504 Core Ave

City Oklahoma City State OK Zip Code 73170

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

Name of Employer Red Carpet Charters Occupation Executive

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt: 08 / 05 / 2008

Transaction ID: SA11Ai-CN6300

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
David M Prushnok

Mailing Address 222 Forrest Ridge Road

City Indiana State PA Zip Code 15701

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

Name of Employer Quintech Electronics & Communications Occupation Officer

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt: 08 / 28 / 2008

Transaction ID: SA11Ai-CN6346

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy J Pyle		Date of Receipt
	Mailing Address 840 S Juliana Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2008
	City	State	Zip Code
	Bedford	PA	15522
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN6425
Name of Employer Keystone/RWR Insurance		Occupation Account Executive	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 950.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph Reschini		Date of Receipt
	Mailing Address 200 Carpenter Ave N		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 28 / 2008
	City	State	Zip Code
	Indiana	PA	15701
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN6353
Name of Employer The Reschini Group		Occupation COO/Insurance Agency	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 1250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Roger J Reschini		Date of Receipt
	Mailing Address 922 Philadelphia Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2008
	City	State	Zip Code
	Indiana	PA	15701
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN6403
Name of Employer Reschini Agency Inc Insurance		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 2550.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 / 103  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Todd N Roadman

Mailing Address 121 Diehl Field Road

City Bedford State PA Zip Code 15522

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

Name of Employer Reed Wertz and Roadman Occupation Insurance & Financial Planning

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** SA11Ai-CN6424  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Brian L Scott

Mailing Address 10362 Nina St

City Largo State FL Zip Code 33778

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

Name of Employer Escot Bus Lines Occupation Motorcoach Operator

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2008  
**Transaction ID:** SA11Ai-CN6290  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
R. David Scott

Mailing Address 2414 Springfield Pike

City Connellsville State PA Zip Code 15425

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 08 / 27 / 2008  
**Transaction ID:** SA11Ai-CN6332  
 Amount of Each Receipt this Period 300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 103  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Patricia Serotkin  
Mailing Address 1072 Center St N  
City Ebensburg State PA Zip Code 15931  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St Francis University Occupation VP - Strategic Initiatives  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 3100.00  
Date of Receipt 09 / 01 / 2008  
Transaction ID: SA11Ai-CN6373  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Michael J Settimio  
Mailing Address 1515 Fordham Circle  
City Altoona State PA Zip Code 16602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer S&T Bank Occupation Senior Vice President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 550.00  
Date of Receipt 09 / 22 / 2008  
Transaction ID: SA11Ai-CN6405  
Amount of Each Receipt this Period 150.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Allison R Shulman  
Mailing Address 6407 15th Street  
City Alexandria State VA Zip Code 22307  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dickstein Shapiro LLP Occupation Advisor  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 09 / 25 / 2008  
Transaction ID: SA11Ai-CN6449  
Amount of Each Receipt this Period 500.00  
VPFE2E566DCF  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 103  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Barry F Smith

Mailing Address 331 Closson Rd E

City State Zip Code  
Roaring Spring PA 16673

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

Name of Employer Occupation  
Smith Transport Inc. President/Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: SA11Ai-CN6429

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Pradip K Swain, MD

Mailing Address 131 Stratford Ct

City State Zip Code  
Hollidaysburg PA 16648

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

Name of Employer Occupation  
Tyronne Hospital Emergency Room Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: SA11Ai-CN6428

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
James J Szalankiewicz, PE

Mailing Address 2924 Creekside Road

City State Zip Code  
Indiana PA 15701

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

Name of Employer Occupation  
T.J.S. Mining Inc. Professional Engineer/Surveyor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2008

Transaction ID: SA11Ai-CN6351

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 103

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mark W Szanca

Mailing Address 123 Camelot Blvd

City State Zip Code  
Falling Waters WV 25419

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

Name of Employer  
Szanca Solutions Inc

Occupation  
President/CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 01 / 2008

Transaction ID: SA11Ai-CN6369

Amount of Each Receipt this Period

1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Johnny Tressler

Mailing Address 821 Oden St

City State Zip Code  
Confluence PA 15424

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

Name of Employer  
Tressler's Ashland

Occupation  
Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 26 / 2008

Transaction ID: SA11Ai-CN6309

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Kim D Van Buren

Mailing Address 155 Stratford Court

City State Zip Code  
Hollidaysburg PA 16648

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

Name of Employer  
None

Occupation  
Housewife

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: SA11Ai-CN6436

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

4500.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 103  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
William T Ward

Mailing Address 81 Sylvan Heights Drive

City Hollidaysburg State PA Zip Code 16648

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

Name of Employer Ward Trucking Corp Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** SA11Ai-CN6423  
 Amount of Each Receipt this Period 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Darrell L Wilson

Mailing Address 605 Fontaine St

City Alexandria State VA Zip Code 22302

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

Name of Employer Norfolk Southern Occupation Director of Government Relations

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 09 / 29 / 2008  
**Transaction ID:** SA11Ai-CN6412  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Scott A Wivell, PE

Mailing Address 681 Tippecanoe Rd

City Smock State PA Zip Code 15480

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

Name of Employer Dck Worldwide Occupation Director Of Business Development

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 08 / 27 / 2008  
**Transaction ID:** SA11Ai-CN6325  
 Amount of Each Receipt this Period 750.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial)  
T. Ralph Young

Mailing Address 843 Riverside Dr

City State Zip Code  
Asheville NC 28804

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

Name of Employer Occupation  
Young Transportation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11Ai-CN6297

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Thomas W Zaucha

Mailing Address 100 Lafayette Cir

City State Zip Code  
Indiana PA 15701

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

Name of Employer Occupation  
Northstar Health Services Inc Chairman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11Ai-CN6362

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>77100.00</b>

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

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

FOR LINE NUMBER: PAGE 34 / 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

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

Mailing Address c/o James R. Carothers  
524 E. Fairview Avenue

City Altoona State PA Zip Code 16601

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2008  
**Transaction ID: SA11C-CN6391**  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Dealers Election Action

Mailing Address 8400 Westpark Drive

City Mc Lean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 09 / 02 / 2008  
**Transaction ID: SA11C-CN6385**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Friends of Dave Reed

Mailing Address PO Box 1440

City Indiana State PA Zip Code 15701

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2008  
**Transaction ID: SA11C-CN6350**  
 Amount of Each Receipt this Period 300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Friends of Senator Don White

Mailing Address PO Box 363

City State Zip Code  
Indiana PA 15701

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 2 8 / 2 0 0 8

**Transaction ID:** SA11C-CN6347

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
General Dynamics Voluntary

Mailing Address 2941 Fairview Park Drive  
Suite 100

City State Zip Code  
Falls Church VA 22042

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 9 / 2 0 0 8

**Transaction ID:** SA11C-CN6416

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Aircraft Owners Pilots Association

Mailing Address 421 Aviation Way

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 0 9 / 2 0 0 8

**Transaction ID:** SA11C-CN6390

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Allegheny Power

Mailing Address 800 Cabin Hill Drive

City Greensburg State PA Zip Code 15601

FEC ID number of contributing federal political committee. **C** C00335232

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 08 / 27 / 2008  
**Transaction ID:** SA11C-CN6340  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Altria Group Inc.

Mailing Address 101 Constitution Avenue NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2008  
**Transaction ID:** SA11C-CN6282  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Medical Association

Mailing Address 25 Massachusetts Ave NW Suite 600

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 03 / 2008  
**Transaction ID:** SA11C-CN6389  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
ARTBA  
Mailing Address 1219 28th St NW  
City Washington State DC Zip Code 20007  
FEC ID number of contributing federal political committee. **C** C00118208  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00  
Date of Receipt 08 / 05 / 2008  
Transaction ID: SA11C-CN6285  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Associated General Contractors  
Mailing Address 2300 Wilson Blvd Suite 400  
City Arlington State VA Zip Code 22201  
FEC ID number of contributing federal political committee. **C** C00082917  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00  
Date of Receipt 07 / 24 / 2008  
Transaction ID: SA11C-CN6279  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AT&T Inc  
Mailing Address 175 Houston-Room 7-A-50 E  
City San Antonio State TX Zip Code 78205  
FEC ID number of contributing federal political committee. **C** C00109017  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00  
Date of Receipt 09 / 22 / 2008  
Transaction ID: SA11C-CN6397  
Amount of Each Receipt this Period 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 103  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
AT&T Inc

Mailing Address 175 Houston-Room 7-A-50 E

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** SA11C-CN6420

Amount of Each Receipt this Period: 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
BAE Systems USA

Mailing Address 1300 17th St N Suite 1400

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** SA11C-CN6418

Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Brotherhood Of Locomotive Engineers

Mailing Address 1370 Ontario St

City Cleveland State OH Zip Code 44113

FEC ID number of contributing federal political committee. **C** C00099234

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 07 / 21 / 2008  
**Transaction ID:** SA11C-CN6275

Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bryan Cave LLP  
Mailing Address 700 Thirteenth Street NW Suite 700  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00332643  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2008.00  
Date of Receipt 08 / 18 / 2008  
Transaction ID: SA11C-CN6307  
Amount of Each Receipt this Period 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Build  
Mailing Address 1201 15th Street NW  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00000901  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt 09 / 17 / 2008  
Transaction ID: SA11C-CN6392  
Amount of Each Receipt this Period 3000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Burson-Marsteller Young & Rubicam  
Mailing Address 1801 K St NW Suite 901L  
City Washington State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C** C00201863  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt 08 / 05 / 2008  
Transaction ID: SA11C-CN6289  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5500.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 103  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Chesapeake Energy Corporation Federal

Mailing Address PO Box 18576

City State Zip Code  
Oklahoma City OK 73112

FEC ID number of contributing federal political committee. **C** C00389288

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

**Transaction ID:** SA11C-CN6395

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Consol Energy Inc

Mailing Address 1800 Washington Rd

City State Zip Code  
Pittsburgh PA 15241

FEC ID number of contributing federal political committee. **C** C00279331

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 0 8

**Transaction ID:** SA11C-CN6335

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Crown Cork & Seal Company

Mailing Address One Crown Way

City State Zip Code  
Philadelphia PA 19154

FEC ID number of contributing federal political committee. **C** C00254268

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 0 8

**Transaction ID:** SA11C-CN6338

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Cruise Lines International Assoc

Mailing Address 2111 Wilson Blvd  
8th Floor

City Arlington State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 29 / 2008  
**Transaction ID:** SA11C-CN6413  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Duane Morris LLP Government Committee

Mailing Address 30 17th St S

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** SA11C-CN6421  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Engineers Political Education Committee

Mailing Address 1125 Seventeenth Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 07 / 21 / 2008  
**Transaction ID:** SA11C-CN6273  
 Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 103  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
FirstEnergy

Mailing Address 76 S Main Street

City Akron State OH Zip Code 44308

FEC ID number of contributing federal political committee. **C** C00140855

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt: 09 / 02 / 2008  
Transaction ID: SA11C-CN6386  
Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Fund For American Opportunity

Mailing Address Post Office Box 65796

City Washington State DC Zip Code 20035

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 08 / 05 / 2008  
Transaction ID: SA11C-CN6284  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Hardwood Federation

Mailing Address 1111 Nineteenth Street NW Suite 800

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00396671

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 07 / 09 / 2008  
Transaction ID: SA11C-CN6270  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 103  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Hardwood Federation

Mailing Address 1111 Nineteenth Street NW  
Suite 800

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00396671

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** SA11C-CN6417  
Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Holcim (US) Inc.

Mailing Address 201 Jones Rd

City Waltham State MA Zip Code 02451

FEC ID number of contributing federal political committee. **C** C00213348

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2008  
**Transaction ID:** SA11C-CN6303  
Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Honeywell International

Mailing Address 101 Constitution Ave NW  
Suite 500 W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 08 / 05 / 2008  
**Transaction ID:** SA11C-CN6302  
Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jacobs Good Government Fund

Mailing Address 1111 So. Arroyo Parkway

City Pasadena State CA Zip Code 91105

FEC ID number of contributing federal political committee. **C** C00142299

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 07 / 23 / 2008  
**Transaction ID:** SA11C-CN6278  
 Amount of Each Receipt this Period 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lockheed Martin Employees'

Mailing Address 1550 Crystal Dr  
Crystal Square Two - Suite 300

City Arlington State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 02 / 2008  
**Transaction ID:** SA11C-CN6388  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MeadWestvaco

Mailing Address 11013 Broad St W

City Glen Allen State VA Zip Code 23060

FEC ID number of contributing federal political committee. **C** C00065987

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 08 / 05 / 2008  
**Transaction ID:** SA11C-CN6286  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mine Safety Appliances Company  
Mailing Address PO Box 426  
City Pittsburgh State PA Zip Code 15230  
FEC ID number of contributing federal political committee. **C** C00173344  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt: 08 / 27 / 2008  
Transaction ID: SA11C-CN6336  
Amount of Each Receipt this Period: 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NAMIC  
Mailing Address 122 C St NW Suite 540  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C** C00170258  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 07 / 21 / 2008  
Transaction ID: SA11C-CN6274  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
National Assoc Of Development Companies 504  
Mailing Address 6764 Old Mclean Village Dr  
City Mc Lean State VA Zip Code 22101  
FEC ID number of contributing federal political committee. **C** C00332254  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt: 09 / 29 / 2008  
Transaction ID: SA11C-CN6411  
Amount of Each Receipt this Period: 3000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 46 / 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Assoc  
Mailing Address 1101 King St Suite 600

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 2 / 2 0 0 8

**Transaction ID:** SA11C-CN6396

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Emergency Medicine  
Mailing Address 2121 K St NW - Suite 325

City State Zip Code  
Washington DC 20037

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 8

**Transaction ID:** SA11C-CN6301

Amount of Each Receipt this Period  
3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
National Federation of Independent Business  
Mailing Address 1201 F Street NW Suite 200

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

**Transaction ID:** SA11C-CN6419

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
National School Transportation Association  
Mailing Address 113 West St Fourth Floor S  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C** C00179275  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 08 / 05 / 2008  
Transaction ID: SA11C-CN6296  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Nisource Inc.  
Mailing Address 200 Civic Center Drive  
City Columbus State OH Zip Code 43215  
FEC ID number of contributing federal political committee. **C** C00051979  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt: 09 / 29 / 2008  
Transaction ID: SA11C-CN6414  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NSSGA Rock  
Mailing Address 1605 King Street  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C** C00089458  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt: 07 / 21 / 2008  
Transaction ID: SA11C-CN6276  
Amount of Each Receipt this Period: 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
NSSGA Rock

Mailing Address 1605 King Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 2 / 2 0 0 8

**Transaction ID:** SA11C-CN6399

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Oklahoma Independent Petroleum Assoc

Mailing Address 3555 58th Street Suite 400 NW

City State Zip Code  
Oklahoma City OK 73112

FEC ID number of contributing federal political committee. **C** C00444430

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 9 / 2 0 0 8

**Transaction ID:** SA11C-CN6415

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
OldCastle Materials Inc

Mailing Address 101 Constitution Avenue NW  
Suite 600W

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00346353

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 0 5 / 2 0 0 8

**Transaction ID:** SA11C-CN6287

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Owner Operator Independent Drivers

Mailing Address 1101 30th Street NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt 09 / 02 / 2008  
**Transaction ID:** SA11C-CN6387  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Penske Truck Leasing Co LP

Mailing Address Route 10 Green Hills  
PO Box 563

City Reading State PA Zip Code 19603

FEC ID number of contributing federal political committee. **C** C00373217

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 09 / 02 / 2008  
**Transaction ID:** SA11C-CN6384  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Realtors

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 08 / 26 / 2008  
**Transaction ID:** SA11C-CN6311  
 Amount of Each Receipt this Period 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 7000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 103  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rehabcare Group Inc

Mailing Address 7733 Forsyth Blvd  
Suite 2300

City State Zip Code  
Saint Louis MO 63105

FEC ID number of contributing federal political committee. **C** C00407130

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2008

**Transaction ID:** SA11C-CN6310

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Reliant Energy Inc

Mailing Address PO Box 148

City State Zip Code  
Houston TX 77001

FEC ID number of contributing federal political committee. **C** C00081455

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2008

**Transaction ID:** SA11C-CN6280

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Safari Club International

Mailing Address 4800 W. Gates Pass Road

City State Zip Code  
Tucson AZ 85745

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2008

**Transaction ID:** SA11C-CN6308

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 51 / 103

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial)  
United Motorcoach Association

Mailing Address 113 West St Fourth Floor S

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00437517

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 05 / 2008

Transaction ID: SA11C-CN6299

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address 55 Glenlake Parkway NE

City State Zip Code  
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 6000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2008

Transaction ID: SA11C-CN6398

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

3000.00

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

78300.00

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
US Postal Service

Transaction ID: SB17-EX5586  
Date of Disbursement

Mailing Address 525 Allegheny Street

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	0	8

City Hollidaysburg State PA Zip Code 16648

Amount of Each Disbursement this Period

84.00
-------

Purpose of Disbursement  
Stamps

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Stamps

State: District:

B.

Full Name (Last, First, Middle Initial)  
US Postal Service

Transaction ID: SB17-EX5618  
Date of Disbursement

Mailing Address 525 Allegheny Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

City Hollidaysburg State PA Zip Code 16648

Amount of Each Disbursement this Period

100.80
--------

Purpose of Disbursement  
Stamps

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Stamps

State: District:

C.

Full Name (Last, First, Middle Initial)  
US Postal Service

Transaction ID: SB17-EX5698  
Date of Disbursement

Mailing Address 525 Allegheny Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

City Hollidaysburg State PA Zip Code 16648

Amount of Each Disbursement this Period

21.00
-------

Purpose of Disbursement  
Postage

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Postage

State: District:

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

205.80
--------

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

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**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 525 Allegheny Street City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17-EX5708 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 18.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Postage

<b>B.</b> Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 525 Allegheny Street City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Permit #334 - Business Reply Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17-EX5723 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 180.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Permit #334 - Business Reply Mail

<b>C.</b> Full Name (Last, First, Middle Initial) Commonwealth Of Pennsylvania Mailing Address Department of State 210 North Office Building City Harrisburg State PA Zip Code 17120 Purpose of Disbursement Constituents lists Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17-EX5713 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 150.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Constituents lists

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	348.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) William Shuster  Mailing Address 9 Overlook Drive  City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Various office items Candidate Name William Shuster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5336 Date of Disbursement 07 / 16 / 2008  Amount of Each Disbursement this Period 118.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Various office items
<b>B.</b>	Full Name (Last, First, Middle Initial) William Shuster  Mailing Address 9 Overlook Drive  City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Campaign meeting expenses Candidate Name William Shuster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5573 Date of Disbursement 08 / 13 / 2008  Amount of Each Disbursement this Period 173.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Campaign meeting expenses
<b>C.</b>	Full Name (Last, First, Middle Initial) William Shuster  Mailing Address 9 Overlook Drive  City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Taxi and meal reimbursement Candidate Name William Shuster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5658 Date of Disbursement 09 / 18 / 2008  Amount of Each Disbursement this Period 79.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Taxi and meal reimburse- ment

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

371.26

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

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

Mailing Address 912 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement Labels

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5626  
Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

107.30

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

Labels

B.

Full Name (Last, First, Middle Initial)  
The Orchards

Mailing Address 1580 Orchard Drive

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement Meals

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5621  
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

39.75

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

Meals

C.

Full Name (Last, First, Middle Initial)  
The Orchards

Mailing Address 1580 Orchard Drive

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement Catering

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5622  
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

443.87

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

Catering

SUBTOTAL of Disbursements This Page (optional) ▶

590.92

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Altoona Mirror  Mailing Address PO Box 2008 301 Cayuga Ave  City Altoona State PA Zip Code 16603  Purpose of Disbursement Bookcover ad Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5646 Date of Disbursement 09 / 18 / 2008  Amount of Each Disbursement this Period 160.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Bookcover ad	004 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 660748  City Dallas State TX Zip Code 75266  Purpose of Disbursement Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5532 Date of Disbursement 07 / 16 / 2008  Amount of Each Disbursement this Period 175.86  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Telephone	001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 660748  City Dallas State TX Zip Code 75266  Purpose of Disbursement Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5565 Date of Disbursement 08 / 13 / 2008  Amount of Each Disbursement this Period 179.57  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Telephone	001 Category/ Type

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

**515.43**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 660748

City Dallas State TX Zip Code 75266

Purpose of Disbursement

Telephone

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5647

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

179.31

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

Telephone

B.

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

Mailing Address 400 First Street SE

City Washington State DC Zip Code 20016

Purpose of Disbursement

Catering

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5619

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

316.80

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

Catering

C.

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

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Gasoline

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5613

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

39.70

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

Gasoline

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

535.81

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz Inc</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5688</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 49.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Gasoline</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sheetz Inc</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5689</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 60.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Gasoline</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Exxon</p> <p>Mailing Address 542 South Center Street</p> <p>City Ebensburg State PA Zip Code 15931</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5607</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 50.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Gasoline</p>

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

159.51

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
PA UC Fund

Mailing Address PO Box 68568

City Harrisburg State PA Zip Code 17106

Purpose of Disbursement  
2nd Quarter 2008

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5543  
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

30.86

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

2nd Quarter 2008

B.

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

Mailing Address 1500 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
Meals

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5584  
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

125.94

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

Meals

C.

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

Mailing Address 1500 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
Meals

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5664  
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

30.14

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

Meals

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

186.94

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Various meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17-EX5575 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 473.80
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Various meals
<b>B.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Various one-on-one meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17-EX5572 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 52.57
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Various one-on-one meals
<b>C.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Various meals and banquet Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17-EX5600 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 885.92
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Various meals and banquet

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

1412.29

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

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  
Meal

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5633  
Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

40.24

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

Meal

B.

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  
Banquet Meals

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5662  
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

1293.42

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

Banquet Meals

C.

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5533  
Date of Disbursement

07 / 16 / 2008

Amount of Each Disbursement this Period

20.99

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

Postage

SUBTOTAL of Disbursements This Page (optional) .....

1354.65

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) UPS Mailing Address PO Box 7247-0244 City Philadelphia State PA Zip Code 19170 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5599 Date of Disbursement 08 / 20 / 2008 Amount of Each Disbursement this Period 18.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Postage
B.	Full Name (Last, First, Middle Initial) The Capital Grille Mailing Address 601 Pennsylvania Avenue NW City Washington State DC Zip Code 20004 Purpose of Disbursement Meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5709 Date of Disbursement 09 / 18 / 2008 Amount of Each Disbursement this Period 101.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Meal
C.	Full Name (Last, First, Middle Initial) Capitol Lounge Mailing Address 231 Pennsylvania Ave SE City Washington State DC Zip Code 20003 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5612 Date of Disbursement 08 / 20 / 2008 Amount of Each Disbursement this Period 31.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Meals

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	151.66
<b>TOTAL</b> 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Schneiders Of Capitol Hill

Transaction ID: SB17-EX5615  
Date of Disbursement

Mailing Address 300 Massachusetts Avenue NE

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

599.29
--------

Purpose of Disbursement  
Beverages for Fundraiser

003
-----

Category/  
Type

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

Candidate Name

Beverages for Fundraiser

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Red Hot And Blue Catering

Transaction ID: SB17-EX5614  
Date of Disbursement

Mailing Address 1701 Clarendon Blvd Suite 105

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

City Arlington State VA Zip Code 22209

Amount of Each Disbursement this Period

356.59
--------

Purpose of Disbursement  
Catering for Fundraiser

003
-----

Category/  
Type

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

Candidate Name

Catering for Fundraiser

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
O.K. Stuckey And Son

Transaction ID: SB17-EX5627  
Date of Disbursement

Mailing Address 1800 Eighth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

442.50
--------

Purpose of Disbursement  
Letterhead

001
-----

Category/  
Type

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

Candidate Name

Letterhead

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1398.38
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TOTAL This Period (last page this line number only) .....

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**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The Inn At Georgian Place</p> <p>Mailing Address 800 Georgian Place Drive</p> <p>City Somerset State PA Zip Code 15501</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5585</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 280.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Meals</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Inn At Georgian Place</p> <p>Mailing Address 800 Georgian Place Drive</p> <p>City Somerset State PA Zip Code 15501</p> <p>Purpose of Disbursement Campaign Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5681</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Campaign Meals</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The Inn At Georgian Place</p> <p>Mailing Address 800 Georgian Place Drive</p> <p>City Somerset State PA Zip Code 15501</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5682</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 59.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Meals</p>

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

539.00

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Roger Osbaugh

Transaction ID: SB17-EX5546  
Date of Disbursement

Mailing Address 1153 Leisure Drive

/   /

City Chambersburg State PA Zip Code 17202

Amount of Each Disbursement this Period

Purpose of Disbursement  
Mileage & Expense reimbursement  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Mileage & Expense reimbursement

B.

Full Name (Last, First, Middle Initial)  
Roger Osbaugh

Transaction ID: SB17-EX5559  
Date of Disbursement

Mailing Address 1153 Leisure Drive

/   /

City Chambersburg State PA Zip Code 17202

Amount of Each Disbursement this Period

Purpose of Disbursement  
Mileage reimbursement  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Mileage reimbursement

C.

Full Name (Last, First, Middle Initial)  
Roger Osbaugh

Transaction ID: SB17-EX5566  
Date of Disbursement

Mailing Address 1153 Leisure Drive

/   /

City Chambersburg State PA Zip Code 17202

Amount of Each Disbursement this Period

Purpose of Disbursement  
Mileage reimbursement  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Mileage reimbursement

SUBTOTAL of Disbursements This Page (optional) .....

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Roger Osbaugh <hr/> Mailing Address 1153 Leisure Drive <hr/> City Chambersburg State PA Zip Code 17202 <hr/> Purpose of Disbursement Mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5635 Date of Disbursement 08 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 7.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Mileage reimbursement
<b>B.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address PO Box 25505 <hr/> City Lehigh Valley State PA Zip Code 18002 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5548 Date of Disbursement 07 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 597.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address PO Box 25505 <hr/> City Lehigh Valley State PA Zip Code 18002 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5590 Date of Disbursement 08 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 545.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone

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

1150.28

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO Box 25505

City State Zip Code  
Lehigh Valley PA 18002

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17-EX5717  
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

590.04

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

Telephone

B.

Full Name (Last, First, Middle Initial)  
DSK Consultants

Mailing Address 530 Garber Street

City State Zip Code  
Hollidaysburg PA 16648

Purpose of Disbursement  
Quarterly retainer for fundraising

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17-EX5538  
Date of Disbursement

07 / 16 / 2008

Amount of Each Disbursement this Period

3000.00

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

Quarterly retainer for fundraising

C.

Full Name (Last, First, Middle Initial)  
DSK Consultants

Mailing Address 530 Garber Street

City State Zip Code  
Hollidaysburg PA 16648

Purpose of Disbursement  
Lodging expenses

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17-EX5714  
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1597.44

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

Lodging expenses

SUBTOTAL of Disbursements This Page (optional) ▶

5187.48

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
ATLANTIC broadband

Mailing Address Box 371801

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Internet Service  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5531  
Date of Disbursement

07 / 16 / 2008

Amount of Each Disbursement this Period

109.15

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

Internet Service

B.

Full Name (Last, First, Middle Initial)  
ATLANTIC broadband

Mailing Address Box 371801

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Internet Service  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5545  
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

59.97

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

Internet Service

C.

Full Name (Last, First, Middle Initial)  
ATLANTIC broadband

Mailing Address Box 371801

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Internet Service  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5564  
Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

109.15

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

Internet Service

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

278.27

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
CenPenn Realty LLC

Mailing Address 513 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
August 2008 rent

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5549  
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

500.00

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

August 2008 rent

B.

Full Name (Last, First, Middle Initial)  
CenPenn Realty LLC

Mailing Address 513 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
September 2008 rent

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5597  
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

500.00

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

September 2008 rent

C.

Full Name (Last, First, Middle Initial)  
CenPenn Realty LLC

Mailing Address 513 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
October 2008 Rent

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5722  
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

500.00

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

October 2008 Rent

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Jim Frank

Transaction ID: SB17-EX5649  
Date of Disbursement

Mailing Address 1628 St. Francis Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

581.12
--------

Purpose of Disbursement  
Mileage and parking  
Candidate Name

001
-----

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Mileage and parking

B.

Full Name (Last, First, Middle Initial)  
Robbe E Diehl

Transaction ID: SB17-EX5711  
Date of Disbursement

Mailing Address 1070 N Royal Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

4898.64
---------

Purpose of Disbursement  
Payroll 9-15-08 to 11-5-08  
Candidate Name

001
-----

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Payroll 9-15-08 to 11-5-08

C.

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

Transaction ID: SB17-EX5541  
Date of Disbursement

Mailing Address 1100 Logan Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	8

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

25.00
-------

Purpose of Disbursement  
Bank Service Charge  
Candidate Name

001
-----

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Bank Service Charge

SUBTOTAL of Disbursements This Page (optional) .....

5504.76
---------

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

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# 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

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

Transaction ID: SB17-EX5638  
Date of Disbursement

Mailing Address 1100 Logan Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement  
Bank Service Charge

001
Category/ Type

25.00
-------

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

Bank Service Charge

State: District:

B.

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

Transaction ID: SB17-EX5639  
Date of Disbursement

Mailing Address 1100 Logan Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	8

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement  
Bank Service Charge

001
Category/ Type

25.00
-------

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

Bank Service Charge

State: District:

C.

Full Name (Last, First, Middle Initial)  
Nemacolin Woodlands Resort & Spa

Transaction ID: SB17-EX5601  
Date of Disbursement

Mailing Address 1001 LaFayette Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

City Farmington State PA Zip Code 15437

Amount of Each Disbursement this Period

Purpose of Disbursement  
Dinner for NRCC event

002
Category/ Type

124.00
--------

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

Dinner for NRCC event

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

174.00
--------

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

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**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Nemacolin Woodlands Resort & Spa	Transaction ID: SB17-EX5602
	Mailing Address 1001 LaFayette Drive	Date of Disbursement 08 / 20 / 2008
	City Farmington State PA Zip Code 15437	Amount of Each Disbursement this Period 1520.27
	Purpose of Disbursement Lodging for NRCC event	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Lodging for NRCC event

B.	Full Name (Last, First, Middle Initial) Nemacolin Woodlands Resort & Spa	Transaction ID: SB17-EX5603
	Mailing Address 1001 LaFayette Drive	Date of Disbursement 08 / 20 / 2008
	City Farmington State PA Zip Code 15437	Amount of Each Disbursement this Period 42.50
	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Lodging

C.	Full Name (Last, First, Middle Initial) Nemacolin Woodlands Resort & Spa	Transaction ID: SB17-EX5694
	Mailing Address 1001 LaFayette Drive	Date of Disbursement 09 / 18 / 2008
	City Farmington State PA Zip Code 15437	Amount of Each Disbursement this Period 127.00
	Purpose of Disbursement Campaign dinner	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Campaign dinner

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1689.77
<b>TOTAL</b> 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jeffrey Loveng</p> <p>Mailing Address 228 W. Windsor Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Taxis and parking fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5650</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 321.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Taxis and parking fees</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Blair County Farm Bureau</p> <p>Mailing Address PO Box 8736</p> <p>City Camp Hill State PA Zip Code 17001</p> <p>Purpose of Disbursement Member ID 064972</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5660</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 72.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Member ID 064972</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) e2c consulting Inc.</p> <p>Mailing Address PO Box 29576</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Consulting Fundraising Fee - Aug 08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5550</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Consulting Fundraising Fee - Aug 08</p>

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

**4393.00**

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) e2c consulting Inc.</p> <p>Mailing Address PO Box 29576</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Consulting Fundraising Fee - Sep 08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5598</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Consulting Fundraising Fee - Sep 08</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) e2c consulting Inc.</p> <p>Mailing Address PO Box 29576</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Consulting Fundraising Fee - Oct 08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5721</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Consulting Fundraising Fee - Oct 08</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Brent Gates</p> <p>Mailing Address 310 Penn Street Suite 200</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Parking Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5631</p> <p>Date of Disbursement 08 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 12.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Parking Fees</p>

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

**8012.00**

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Brent Gates

Transaction ID: SB17-EX5657  
Date of Disbursement

Mailing Address 310 Penn Street  
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

City Hollidaysburg State PA Zip Code 16648

Amount of Each Disbursement this Period

39.78
-------

Purpose of Disbursement  
Mileage reimbursement

001
-----

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Mileage reimbursement

B.

Full Name (Last, First, Middle Initial)  
Canan Station Print Shoppe

Transaction ID: SB17-EX5718  
Date of Disbursement

Mailing Address PO Box 632

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City Altoona State PA Zip Code 16603

Amount of Each Disbursement this Period

213.06
--------

Purpose of Disbursement  
Invitations and RSVP cards

003
-----

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Invitations and RSVP cards

C.

Full Name (Last, First, Middle Initial)  
Canan Station Print Shoppe

Transaction ID: SB17-EX5719  
Date of Disbursement

Mailing Address PO Box 632

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City Altoona State PA Zip Code 16603

Amount of Each Disbursement this Period

233.73
--------

Purpose of Disbursement  
Invitations and RSVP cards

003
-----

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Invitations and RSVP cards

SUBTOTAL of Disbursements This Page (optional) .....

486.57
--------

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

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**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Canan Station Print Shoppe

Mailing Address PO Box 632

City Altoona State PA Zip Code 16603

Purpose of Disbursement  
Envelopes

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5724  
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

235.85

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

Envelopes

B.

Full Name (Last, First, Middle Initial)  
Kiwanis Club Of Altoona

Mailing Address c/o David Scott - YOBCO  
PO Box 1550

City Altoona State PA Zip Code 16603

Purpose of Disbursement  
Full page ad

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5651  
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

200.00

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

Full page ad

C.

Full Name (Last, First, Middle Initial)  
Edonation 1 Account

Mailing Address 118 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5640  
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

45.00

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

Bank Service Charge

SUBTOTAL of Disbursements This Page (optional) .....

480.85

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Edonation 1 Account

Mailing Address 118 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank Service Charge  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17-EX5731  
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

44.00

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

Bank Service Charge

B.

Full Name (Last, First, Middle Initial)  
S&T Bank - Payroll

Mailing Address 1100 Logan Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement  
EFTPS - June 2008  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17-EX5542  
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

26.85

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

EFTPS - June 2008

C.

Full Name (Last, First, Middle Initial)  
S&T Bank - Payroll

Mailing Address 1100 Logan Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement  
PA Telefile 2nd quarter 2008  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17-EX5551  
Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

15.72

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

PA Telefile 2nd quarter 2008

SUBTOTAL of Disbursements This Page (optional) .....

86.57

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) S&amp;T Bank - Payroll</p> <p>Mailing Address 1100 Logan Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement EFTPS - July 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5560</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 26.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EFTPS - July 2008</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) S&amp;T Bank - Payroll</p> <p>Mailing Address 1100 Logan Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement EFTPS - August 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5623</p> <p>Date of Disbursement 08 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 26.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EFTPS - August 2008</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5554</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 132.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Telephone</p>

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

186.52

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5625</p> <p>Date of Disbursement 08 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 136.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Telephone</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5710</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 138.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Telephone</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Targeted Creative Communications Inc</p> <p>Mailing Address 106 South Columbus Street</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5653</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 140.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Mercerberg Phone Calls</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>415.81</b>
<b>TOTAL</b> 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Meghan L Johnson

Mailing Address 301 Maple Hollow Road

City Duncansville State PA Zip Code 16635

Purpose of Disbursement  
Payroll 7/01/2008 to 7/31/2008

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5552  
Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

150.00

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

Payroll 7/01/2008 to 7/31- /2008

B.

Full Name (Last, First, Middle Initial)  
Meghan L Johnson

Mailing Address 301 Maple Hollow Road

City Duncansville State PA Zip Code 16635

Purpose of Disbursement  
Payroll 8/01/2008 to 8/31/2008

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5624  
Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

150.00

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

Payroll 8/01/2008 to 8/31- /2008

C.

Full Name (Last, First, Middle Initial)  
Meghan L Johnson

Mailing Address 301 Maple Hollow Road

City Duncansville State PA Zip Code 16635

Purpose of Disbursement  
Payroll 09/01/2008 to 09/30/2008

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5712  
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

150.00

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

Payroll 09/01/2008 to 09/- 30/2008

SUBTOTAL of Disbursements This Page (optional) ..... ►

450.00

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Freedompay Inc	Transaction ID: SB17-EX5577 Date of Disbursement 07 / 23 / 2008
	Mailing Address 565 E. Swedesford Road Suite 100	Amount of Each Disbursement this Period 103.25
	City Wayne State PA Zip Code 19087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meals Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Meals

B.	Full Name (Last, First, Middle Initial) Freedompay Inc	Transaction ID: SB17-EX5610 Date of Disbursement 08 / 20 / 2008
	Mailing Address 565 E. Swedesford Road Suite 100	Amount of Each Disbursement this Period 81.95
	City Wayne State PA Zip Code 19087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meals Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Meals

C.	Full Name (Last, First, Middle Initial) Freedompay Inc	Transaction ID: SB17-EX5611 Date of Disbursement 08 / 20 / 2008
	Mailing Address 565 E. Swedesford Road Suite 100	Amount of Each Disbursement this Period 50.00
	City Wayne State PA Zip Code 19087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meals Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Meals

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 235.20

**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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Campbell Holste Inc. <hr/> Mailing Address 140 Littleton Road Suite 320 <hr/> City Parsippany State NJ Zip Code 07054 <hr/> Purpose of Disbursement August Consulting Services Candidate Name	Transaction ID: SB17-EX5534 Date of Disbursement 07 / 16 / 2008
	Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 August Consulting Services
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

<b>B.</b> Full Name (Last, First, Middle Initial) Campbell Holste Inc. <hr/> Mailing Address 140 Littleton Road Suite 320 <hr/> City Parsippany State NJ Zip Code 07054 <hr/> Purpose of Disbursement Photo Shoot Candidate Name	Transaction ID: SB17-EX5567 Date of Disbursement 08 / 13 / 2008
	Amount of Each Disbursement this Period 18000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Photo Shoot
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004

<b>C.</b> Full Name (Last, First, Middle Initial) Campbell Holste Inc. <hr/> Mailing Address 140 Littleton Road Suite 320 <hr/> City Parsippany State NJ Zip Code 07054 <hr/> Purpose of Disbursement Web site placement Candidate Name	Transaction ID: SB17-EX5654 Date of Disbursement 09 / 18 / 2008
	Amount of Each Disbursement this Period 12250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Web site placement
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	34250.00
<b>TOTAL</b> 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Campbell Holste Inc.</p> <p>Mailing Address 140 Littleton Road Suite 320</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement Web Site Placement-October</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17-EX5655</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 12250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Web Site Placement-October</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Campbell Holste Inc.</p> <p>Mailing Address 140 Littleton Road Suite 320</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement October Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17-EX5656</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>October Consulting Services</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Campbell Holste Inc.</p> <p>Mailing Address 140 Littleton Road Suite 320</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement September Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17-EX5720</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>September Consulting Services</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>20250.00</b>
<b>TOTAL</b> 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) The Oorbeek Group	Transaction ID: SB17-EX5547 Date of Disbursement 07 / 23 / 2008
	Mailing Address 5903 Woodfield Estates Drive	Amount of Each Disbursement this Period 3314.75
	City Alexandria State VA Zip Code 22310	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering for fundraiser Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Catering for fundraiser
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Jon McClintock	Transaction ID: SB17-EX5553 Date of Disbursement 07 / 31 / 2008
	Mailing Address #2 Point View Drive RR 2 Box 318	Amount of Each Disbursement this Period 4279.60
	City Williamsburg State PA Zip Code 16693	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Yard signs Candidate Name	006 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Yard signs
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Jon McClintock	Transaction ID: SB17-EX5571 Date of Disbursement 08 / 13 / 2008
	Mailing Address #2 Point View Drive RR 2 Box 318	Amount of Each Disbursement this Period 36.72
	City Williamsburg State PA Zip Code 16693	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Yard Signs - Invoice 1081 Candidate Name	006 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Yard Signs - Invoice 1081
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7631.07</b>
<b>TOTAL</b> 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Mailing Address Cashiers Div 410

City State Zip Code  
Saint Paul MN 55111

Purpose of Disbursement  
Tickets to Rep Convention  
Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5580  
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

588.80

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

Tickets to Rep Convention

B.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Mailing Address Cashiers Div 410

City State Zip Code  
Saint Paul MN 55111

Purpose of Disbursement  
Ticket to Rep Convention  
Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5581  
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

588.80

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

Ticket to Rep Convention

C.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Mailing Address Cashiers Div 410

City State Zip Code  
Saint Paul MN 55111

Purpose of Disbursement  
Ticket to Rep Convention  
Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5582  
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

985.31

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

Ticket to Rep Convention

SUBTOTAL of Disbursements This Page (optional) .....

2162.91

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: SB17-EX5604  
Date of Disbursement

Mailing Address Cashiers Div 410

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

City State Zip Code  
Saint Paul MN 55111

Amount of Each Disbursement this Period

551.80
--------

Purpose of Disbursement  
Flight for Convention

002
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

Flight for Convention

State: District:

B.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: SB17-EX5605  
Date of Disbursement

Mailing Address Cashiers Div 410

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

City State Zip Code  
Saint Paul MN 55111

Amount of Each Disbursement this Period

71.80
-------

Purpose of Disbursement  
Flight for Convention

002
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

Flight for Convention

State: District:

C.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: SB17-EX5606  
Date of Disbursement

Mailing Address Cashiers Div 410

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

City State Zip Code  
Saint Paul MN 55111

Amount of Each Disbursement this Period

71.80
-------

Purpose of Disbursement  
Flight for Convention

002
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

Flight for Convention

State: District:

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

695.40
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**TOTAL** This Period (last page this line number only) ..... ▶

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# 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: SB17-EX5666  
Date of Disbursement

Mailing Address Cashiers Div 410

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

City State Zip Code  
Saint Paul MN 55111

Amount of Each Disbursement this Period

Purpose of Disbursement  
Luggage charge

002
-----

Category/  
Type

40.00
-------

Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

Luggage charge

State: District:

B.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: SB17-EX5667  
Date of Disbursement

Mailing Address Cashiers Div 410

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

City State Zip Code  
Saint Paul MN 55111

Amount of Each Disbursement this Period

Purpose of Disbursement  
Luggage charge

002
-----

Category/  
Type

40.00
-------

Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

Luggage charge

State: District:

C.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: SB17-EX5671  
Date of Disbursement

Mailing Address Cashiers Div 410

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

City State Zip Code  
Saint Paul MN 55111

Amount of Each Disbursement this Period

Purpose of Disbursement  
Luggage

002
-----

Category/  
Type

50.00
-------

Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

Luggage

State: District:

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

130.00
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: SB17-EX5672  
Date of Disbursement

Mailing Address Cashiers Div 410

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

City State Zip Code  
Saint Paul MN 55111

Amount of Each Disbursement this Period

Purpose of Disbursement  
Luggage

002
-----

Category/  
Type

40.00
-------

Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

Luggage

State: District:

B.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: SB17-EX5673  
Date of Disbursement

Mailing Address Cashiers Div 410

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

City State Zip Code  
Saint Paul MN 55111

Amount of Each Disbursement this Period

Purpose of Disbursement  
Luggage

002
-----

Category/  
Type

40.00
-------

Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

Luggage

State: District:

C.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: SB17-EX5699  
Date of Disbursement

Mailing Address Cashiers Div 410

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

City State Zip Code  
Saint Paul MN 55111

Amount of Each Disbursement this Period

Purpose of Disbursement  
Luggage

002
-----

Category/  
Type

40.00
-------

Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

Luggage

State: District:

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

120.00
--------

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

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# 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Mailing Address Cashiers Div 410

City State Zip Code  
Saint Paul MN 55111

Purpose of Disbursement  
Luggage

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5700  
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

40.00

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

Luggage

B.

Full Name (Last, First, Middle Initial)  
Zaytinya

Mailing Address 701 Ninth Street NW

City State Zip Code  
Washington DC 20004

Purpose of Disbursement  
Catering

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5583  
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

1200.00

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

Catering

C.

Full Name (Last, First, Middle Initial)  
Crossroads Restaurant

Mailing Address 552 Crossroad School Road

City State Zip Code  
Carlisle PA 17013

Purpose of Disbursement  
Campaign Meal

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5643  
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

266.43

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

Campaign Meal

SUBTOTAL of Disbursements This Page (optional) .....

1506.43

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Holiday Inn Express</p> <p>Mailing Address 20 South Tenth Street</p> <p>City Pittsburgh State PA Zip Code 15203</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5670</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 135.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Altoona Hotel</p> <p>Mailing Address 3830 Fifth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Supporters Dinner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5674</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 620.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Supporters Dinner</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Republican Convention</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5675</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1101.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Republican Convention</p>

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

1856.68

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Republican Convention</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5676</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Republican Convention</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Republican Convention</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5677</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 923.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Republican Convention</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Republican Convention</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5678</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Republican Convention</p>

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

1323.50

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Republican Convention</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5679</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Republican Convention</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Republican Convention</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5680</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Republican Convention</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Convention</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5705</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1035.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Convention</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1435.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Republican Convention</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5706</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 877.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Republican Convention</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alamo</p> <p>Mailing Address Minneapolis - St Paul Airport Main Terminal - Lindbergh</p> <p>City Saint Paul State MN Zip Code 55116</p> <p>Purpose of Disbursement Car Rental for Convention</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5704</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1066.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Car Rental for Convention</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alamo</p> <p>Mailing Address Minneapolis - St Paul Airport Main Terminal - Lindbergh</p> <p>City Saint Paul State MN Zip Code 55116</p> <p>Purpose of Disbursement Car Rental Protection</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5707</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 24.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Car Rental Protection</p>

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

1968.98

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" 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 type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Robert M McGowan, Jr

Mailing Address 245 Tall Timber Dr

City Johnstown State PA Zip Code 15904

Purpose of Disbursement  
IN-KIND RECEIVED Catering bill paid for

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-CN6312  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Amount of Each Disbursement this Period

439.00
--------

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

In-Kind Received Catering  
bill paid for

SUBTOTAL of Disbursements This Page (optional) ..... ►

439.00
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TOTAL This Period (last page this line number only) ..... ►

112190.36
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**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)

<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

A.	Full Name (Last, First, Middle Initial) William Shuster	Transaction ID: SB21-EX5634 Date of Disbursement 08 / 29 / 2008
	Mailing Address 9 Overlook Drive	Amount of Each Disbursement this Period 46.00
	City Hollidaysburg State PA Zip Code 16648	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Various event tickets
	Purpose of Disbursement Various event tickets Candidate Name William Shuster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		012 Category/Type

B.	Full Name (Last, First, Middle Initial) Morrison Cove Republican Club	Transaction ID: SB21-EX5594 Date of Disbursement 08 / 20 / 2008
	Mailing Address Fred Foreman 305 Campbell Avenue	Amount of Each Disbursement this Period 150.00
	City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 10 dinner tickets
	Purpose of Disbursement 10 dinner tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		012 Category/Type

C.	Full Name (Last, First, Middle Initial) Bedford Co. Republican Committee	Transaction ID: SB21-EX5725 Date of Disbursement 09 / 30 / 2008
	Mailing Address Tonya Clark 681 Brantner Road	Amount of Each Disbursement this Period 500.00
	City Breezewood State PA Zip Code 15533	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Table Sponsor with 8 tick-ets - Fall
	Purpose of Disbursement Table Sponsor with 8 tickets - Fall Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		012 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>696.00</b>
<b>TOTAL</b> 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)

<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

A.

Full Name (Last, First, Middle Initial)  
Mifflin Co Republican Committee

Mailing Address 33 Shaw Avenue

City Lewistown State PA Zip Code 17044

Purpose of Disbursement  
Summer Picnic tickets  
Candidate Name

012  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21-EX5569  
Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

40.00

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

Summer Picnic tickets

B.

Full Name (Last, First, Middle Initial)  
Cumberland Co Republican Comm

Mailing Address PO Box 1155

City Carlisle State PA Zip Code 17013

Purpose of Disbursement  
Summer Roundup - 10 tax  
Candidate Name

012  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21-EX5570  
Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

100.00

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

Summer Roundup - 10 tax

C.

Full Name (Last, First, Middle Initial)  
Indiana Jr. Livestock Sale

Mailing Address PO Box 22

City Clymer State PA Zip Code 15728

Purpose of Disbursement  
Hog auction  
Candidate Name

012  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21-EX5637  
Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

1237.25

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

Hog auction

SUBTOTAL of Disbursements This Page (optional) .....

1377.25

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)

<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

A.

Full Name (Last, First, Middle Initial)  
National MS Society

Mailing Address  
Keystone Branch  
506 Third Avenue

City State Zip Code  
Duncansville PA 16635

Purpose of Disbursement  
Table Sponsor for 8

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5593  
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

550.00

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

Table Sponsor for 8

B.

Full Name (Last, First, Middle Initial)  
Somerset Jr. Livestock Sale Committee

Mailing Address  
291 Poverty Hollow Road

City State Zip Code  
Somerset PA 15501

Purpose of Disbursement  
Livestock auction donation

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5659  
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

532.00

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

Livestock auction donation

C.

Full Name (Last, First, Middle Initial)  
MS-150 Keystone Country Ride

Mailing Address  
1040 Fifth Avenue Second Floor

City State Zip Code  
Pittsburgh PA 15219

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5530  
Date of Disbursement

07 / 16 / 2008

Amount of Each Disbursement this Period

150.00

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

Donation

SUBTOTAL of Disbursements This Page (optional) .....

1232.00

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)

<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

A.	Full Name (Last, First, Middle Initial) Swiss Club of Altoona <hr/> Mailing Address 1224 Tyler Avenue <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Hole Sponsorship Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-EX5628 Date of Disbursement 08 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Hole Sponsorship
B.	Full Name (Last, First, Middle Initial) Fayette County Republican Committee <hr/> Mailing Address 40 West South Street <hr/> City Uniontown State PA Zip Code 15401 <hr/> Purpose of Disbursement Fall dinner tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-EX5652 Date of Disbursement 09 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 105.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Fall dinner tickets
C.	Full Name (Last, First, Middle Initial) Dreams Go On Trail Ride <hr/> Mailing Address 315 Quince Court <hr/> City Hollidaysburg State PA Zip Code 16648 <hr/> Purpose of Disbursement Trail Marker Sponsor Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-EX5630 Date of Disbursement 08 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Trail Marker Sponsor

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	305.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 103

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Convention 2008</p> <p>Mailing Address c/o Marie Conley-PA Convention Di 742 South 80th Street</p> <p>City Harrisburg State PA Zip Code 17111</p> <p>Purpose of Disbursement Donation - General 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-EX5535 <b>Date of Disbursement</b> 07 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 350.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Donation - General 2008</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Somerset County Friends Of NRA</p> <p>Mailing Address 357 Berkleys Mill Road</p> <p>City Meyersdale State PA Zip Code 15552</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-EX5568 <b>Date of Disbursement</b> 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Donation</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Franklin County Reagan Coalition</p> <p>Mailing Address PO Box 240</p> <p>City Marion State PA Zip Code 17235</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-EX5589 <b>Date of Disbursement</b> 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Donation</p>

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

1450.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 101 / 103

<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

A.	Full Name (Last, First, Middle Initial) Bill Hoover  Mailing Address 3121 Huntingdon Furnace Road  City Tyrone State PA Zip Code 16686  Purpose of Disbursement Pig Auction Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-EX5592 Date of Disbursement 08 / 20 / 2008  Amount of Each Disbursement this Period 223.38  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Pig Auction
B.	Full Name (Last, First, Middle Initial) Three For The Road  Mailing Address 1758 East Clemson Road  City Altoona State PA Zip Code 16602  Purpose of Disbursement Sponsorship Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-EX5595 Date of Disbursement 08 / 20 / 2008  Amount of Each Disbursement this Period 100.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Sponsorship
C.	Full Name (Last, First, Middle Initial) Committee To Elect Carl Walker Metzgar  Mailing Address 10122 Glades Pike  City Berlin State PA Zip Code 15530  Purpose of Disbursement Contribution Candidate Name Committee To Elect Carl Walker Metzgar  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-EX5648 Date of Disbursement 09 / 18 / 2008  Amount of Each Disbursement this Period 500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>823.38</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>5883.63</b>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Altoona Mirror			Nature of Debt (Purpose): Invoice: Plaques Administrative/Salary/O
Mailing Address PO Box 2008 301 Cayuga Ave			
City	State	ZIP Code	
Altoona	PA	16603	

Outstanding Balance Beginning This Period		Transaction ID: SD10-INV5588	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
62.13	.00	62.13	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Verizon			Nature of Debt (Purpose): Invoice: Telephone Administrative/Salary
Mailing Address PO Box 660748			
City	State	ZIP Code	
Dallas	TX	75266	

Outstanding Balance Beginning This Period		Transaction ID: SD10-INV5587	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
186.54	.00	186.54	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	248.67
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	248.67
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	248.67

Image# 28933450131

Form/Schedule: **F3N**

Transaction ID:

The accompanying Report of Receipts and Disbursements from July 1 2008 through September 30 2008 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.

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