

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

BILL SHUSTER FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 27

Check if different than previously reported. (ACC)

HOLLIDAYSBURG

PA

16648

2. **FEC IDENTIFICATION NUMBER** ▼

C C00364935

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

PA

09

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  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

/  /

through

/  /

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 PAUL A KILGORE

Signature of Treasurer PAULA KILGORE

[Electronically Filed]

Date

/  /

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**BILL SHUSTER FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	388290.00	1937253.64
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	388290.00	1935253.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	217278.73	834382.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3204.87
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	217278.73	831177.64
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1374354.36	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**BILL SHUSTER FOR CONGRESS**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	151300.00	722203.64
(ii) Unitemized.....	2400.00	7360.00
(iii) TOTAL of contributions from individuals ▶	153700.00	729563.64
(b) Political Party Committees.....	0.00	250.00
(c) Other Political Committees (such as PACs).....	234590.00	1207440.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	388290.00	1937253.64
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	7083.33
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	3204.87
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	388290.00	1947541.84

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	217278.73	834382.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2000.00
21. OTHER DISBURSEMENTS .....	109000.00	204651.75
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	326278.73	1041034.26

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1312343.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	388290.00
25. SUBTOTAL (add Line 23 and Line 24).....	1700633.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	326278.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1374354.36

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

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

FOR LINE NUMBER: PAGE 5 OF 180  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DOUGLAS D. ANDERSON**

Mailing Address 139 CONNEAUT LAKE RD

City GREENVILLE State PA Zip Code 16125

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

Name of Employer ANDERSON COACH & TRAVEL Occupation PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.111434**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**TIMOTHY J ARBORIO**

Mailing Address 49 PATRIOT LN.

City WETHERSFIELD State CT Zip Code 06109

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

Name of Employer ARBORIO CORPORATION Occupation CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111271**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**PETER J ARBORIO**

Mailing Address 147 ROBETH LN.

City WETHERSFIELD State CT Zip Code 06109

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

Name of Employer ARBORIO CORPORATION Occupation ENGINEER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111277**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL G. ARCHIBALD**

Mailing Address 397 WALKER RD

City State Zip Code  
WAYNE PA 19087

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

Name of Employer Occupation  
MCCORMICK TAYLOR ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.111728**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**PETER BARSZ**

Mailing Address 50 SOUTH PROVIDENCE ROAD

City State Zip Code  
MEDIA PA 19063

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

Name of Employer Occupation  
MERVES AMON & BARSZ LLC ACCOUNTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.111720**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT R BAUGH**

Mailing Address 4040 MACARTHUR SUITE 200

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Occupation  
SCOTT BAUGH & ASSOCIATES ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2015

**Transaction ID : SA11AI.111443**

Amount of Each Receipt this Period  
2700.00

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 6662 BLUE HERON DRIVE

City State Zip Code  
HUNTINGTON BEACH CA 92648

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.111444**

Amount of Each Receipt this Period  
2300.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHELE R BEENER**

Mailing Address 1109 INDIANTOWN RD.

City State Zip Code  
SOMERSET PA 15501

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

Name of Employer Occupation  
SOMERSET HOSPITAL PUBLIC & GOVERNMENT RELATIONS OFFIC

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111316**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
**ANN M BENZEL**

Mailing Address PO BOX 86

City State Zip Code  
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation  
BENZELS BRETZEL BAKERY VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11AI.111147**

Amount of Each Receipt this Period  
500.00

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 1585 HAWKINS COVE TRAIL

City ROSWELL State GA Zip Code 30076

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

Name of Employer ATLAS AIR Occupation VICE PRESIDENT, SALES

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111266**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ALBERT Y BINGHAM JR**

Mailing Address 2661 WULFERT ROAD  
APT 1

City SANIBEL State FL Zip Code 33957

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

Name of Employer BULKMATIC TRANSPORT Occupation TRUCKING

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.111518**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL P BONDS**

Mailing Address 151 ABINGDON AVE.

City KENILWORTH State IL Zip Code 60043

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

Name of Employer UNITED AIRLINES Occupation EXECUTIVE VICE PRESIDENT, HR & LABOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.111772**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID R BRENNAN**

Mailing Address **PO BOX 788**

City **SHELTON** State **CT** Zip Code **06484**

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

Name of Employer **JJ BRENNAN CONSTRUCTION** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2015**

**Transaction ID : SA11AI.111278**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES D BURG**

Mailing Address **5748 BROOKSIDE LN**

City **WASHINGTON** State **MI** Zip Code **48094**

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

Name of Employer **JAMES BURG TRUCKING** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 11 / 2015**

**Transaction ID : SA11AI.111519**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **7309A COLINA VISTA LOOP**

City **AUSTIN** State **TX** Zip Code **78750**

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

Name of Employer **BURTON STRATEGY GROUP** Occupation **CONSULTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 10 / 2015**

**Transaction ID : SA11AI.111553**

Amount of Each Receipt this Period  
**500.00**

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

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

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address **PO BOX 40247**

City **CHARLESTON** State **SC** Zip Code **29423**

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

Name of Employer **BULLDOG HIWAY EXPRESS** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2015**

**Transaction ID : SA11AI.111242**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**JULIE CALLAHAN**

Mailing Address **25 BLANCARD ST**

City **PALMER** State **MA** Zip Code **01069**

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

Name of Employer **PALMER PAVING** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : SA11AI.111779**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**JANET M. CALLAHAN**

Mailing Address **PO BOX 8**

City **PALMER** State **MA** Zip Code **01069**

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

Name of Employer **PALMER PAVING** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : SA11AI.111780**

Amount of Each Receipt this Period  
**500.00**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DONNA L. CALLAHAN**

Mailing Address **24 SEARLE ST**

City **PALMER** State **MA** Zip Code **01069**

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

Name of Employer **PALMER PAVING** Occupation **MANAGER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : SA11AI.111781**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**NANCY P CAMPBELL**

Mailing Address **167 MOUNTAIN VIEW DR**

City **HOLLIDAYSBURG** State **PA** Zip Code **16648**

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

Name of Employer **HOSS'S STEAK & SEA HOUSES** Occupation **FOUNDER/CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : SA11AI.111329**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MARK R CAMPBELL**

Mailing Address **54 PARKER ST**

City **CARLISLE** State **PA** Zip Code **17013**

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

Name of Employer **RIDGE POLICY GROUP** Occupation **PARTNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 18 / 2015**

**Transaction ID : SA11AI.111722**

Amount of Each Receipt this Period  
**500.00**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 765 CRANDON BLVD PH 2

City State Zip Code  
KEY BISCAWAYNE FL 33149

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

Name of Employer Occupation  
SQUIRE PATTON BOGGS PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : SA11AI.111614**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY D CARLSON**

Mailing Address 5101 BAKER ST.

City State Zip Code  
ASHVILLE NY 14710

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

Name of Employer Occupation  
ATLAS AIR VICE PRESIDENT, FLIGHT OPERATIONS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11AI.111297**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**PETER J CIMINI**

Mailing Address 71 HUNTERS RIDGE

City State Zip Code  
ROCKY HILL CT 06067

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

Name of Employer Occupation  
CAPITOL STRATEGIES GROUP, LLC EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111267**

Amount of Each Receipt this Period  
1500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JAY W CLEVELAND JR.**

Mailing Address 4565 WILLIAM PENN HWY

City State Zip Code  
MURRYSVILLE PA 15668

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

Name of Employer Occupation  
CLEVELAND BROTHERS EQUIPMENT CO. PRESIDENT & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.111723**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MARY S. CLEVELAND**

Mailing Address 4565 WILLIAM PENN HWY.

City State Zip Code  
MURRYSVILLE PA 15668

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.111724**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS J COLLINS**

Mailing Address 333 S. MADISON STREET

City State Zip Code  
LA GRANGE IL 60525

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

Name of Employer Occupation  
COLLINS ENGINEERS CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SA11AI.111592**

Amount of Each Receipt this Period  
1700.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROXANNE H. COLLINS**

Mailing Address 333 S. MADISON

City State Zip Code  
LA GRANGE IL 60525

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SA11AI.111593**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**JAMES E COMPTON**

Mailing Address 1853 N. ORCHARD

City State Zip Code  
CHICAGO IL 60614

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

Name of Employer Occupation  
UNITED AIRLINES VICE CHAIRMAN & CHIEF REVENUE OFFIC

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.111773**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 50 KENNEDY PLAZA  
STE. 1500

City State Zip Code  
PROVIDENCE RI 02903

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

Name of Employer Occupation  
HINCKLEY ALLEN PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SA11AI.111281**

Amount of Each Receipt this Period  
1000.00

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT CURRY JR.**

Mailing Address **PO BOX 22777**

City **LONG BEACH** State **CA** Zip Code **90801**

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

Name of Employer **CALIFORNIA MULTIMODAL** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 02 / 2015**

**Transaction ID : SA11AI.111478**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL A. CURTO**

Mailing Address **10021 CARMELITA DR**

City **POTOMAC** State **MD** Zip Code **20854**

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

Name of Employer **PATTON BOGGS** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 08 / 2015**

**Transaction ID : SA11AI.111660**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. FEDERICO J D'ESCOTO**

Mailing Address **1965 N MARYWOOD AVENUE**

City **AURORA** State **IL** Zip Code **60505**

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

Name of Employer **D'ESCOTO, INC.** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 19 / 2015**

**Transaction ID : SA11AI.111595**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LARRY EDWARD DAVIDSON JR.**

Mailing Address 111 ROBSART RD.

City State Zip Code  
KENILWORTH IL 60043

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

Name of Employer Occupation  
UNITED AIRLINES EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2015

**Transaction ID : SA11AI.111769**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**WINNIE DAVIS**

Mailing Address 11280 CORBIN AVE

City State Zip Code  
PORTER RANCH CA 91326

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

Name of Employer Occupation  
COLDWELL BANKER REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 27 2015

**Transaction ID : SA11AI.111455**

Amount of Each Receipt this Period  
500.00

EARMARKED CONTRIBUTION THROUGH C00484535  
VOTESANE PAC

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

Mailing Address PO BOX 2713

City State Zip Code  
ALEXANDRIA VA 22301

FEC ID number of contributing federal political committee. **C** C00484535

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
62500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 27 2015

**Transaction ID : SA11AI.111456**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
EARMARKED(NON-DIRECTED): CONDUIT LIMIT NOT AFFECTED

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

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

1500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 18766 FOREST VIEW LN

City LANSING State IL Zip Code 60438

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

Name of Employer LANSING MUNICIPAL AIRPORT Occupation AIRPORT MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11AI.111599**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**PATRICIA B DETWILER**

Mailing Address 186 ARANDALE ST

City BEDFORD State PA Zip Code 15522

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111334**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**PAUL I DETWILER III**

Mailing Address 5029 PENNKROLL HEIGHTS

City EVERETT State PA Zip Code 15537

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

Name of Employer NEW ENTERPRISE STONE AND LIME Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : SA11AI.111284**

Amount of Each Receipt this Period  
2500.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DONALD L DETWILER**

Mailing Address 233 STONEHEDGE RD

City State Zip Code  
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation  
NEW ENTERPRISE STONE AND LIME EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SA11AI.111477**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN A. DEVIerno**

Mailing Address 9417 BYEFORDE RD

City State Zip Code  
KENSINGTON MD 20895

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SA11AI.111526**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**DONALD A DEVIVO**

Mailing Address 305 EDGEWOOD RD.

City State Zip Code  
BERLIN CT 06037

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

Name of Employer Occupation  
DATTCO PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SA11AI.111304**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS C DICKMEYER**

Mailing Address 20 HEVER KNL

City State Zip Code  
VILLAGE OF LOCH LL MO 64012

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

Name of Employer Occupation  
3 POINTS INSURANCE INSURANCE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.111430**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN W DIETRICH**

Mailing Address 4 THEAL CT.

City State Zip Code  
SOMERS NY 10589

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

Name of Employer Occupation  
ATLAS AIR COO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11AI.111298**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 1800 CONTINENTAL BLVD STE 400

City State Zip Code  
CHARLOTTE NC 28273

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

Name of Employer Occupation  
RED CLASSIC PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111243**

Amount of Each Receipt this Period  
 500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 500 S GRAND TRAVERSE

City State Zip Code  
DAVISON MI 48502

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

Name of Employer Occupation  
REMAX REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11AI.111449**

Amount of Each Receipt this Period  
500.00

EARMARKED CONTRIBUTION THROUGH C00484535  
VOTESANE PAC

**B.** Full Name (Last, First, Middle Initial)  
**VOTESANE PAC**

Mailing Address PO BOX 2713

City State Zip Code  
ALEXANDRIA VA 22301

FEC ID number of contributing federal political committee. **C** C00484535

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
62500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11AI.111450**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
EARMARKED(NON-DIRECTED): CONDUIT LIMIT NOT AFFECTED

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT J EYER**

Mailing Address 129 FOREST CIRCLE

City State Zip Code  
PORTAGE PA 15946

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

Name of Employer Occupation  
WESSEL & COMPANY CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111331**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT P. FARRELL**

Mailing Address 3605 WHISPERING LN

City State Zip Code  
FALLS CHURCH VA 22041

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

Name of Employer Occupation  
AMERICAN TRUCKING ASSOC EXEC DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SA11AI.111521**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MARCIA H. FASCHINGBAUER**

Mailing Address PO BOX 230306

City State Zip Code  
HOUSTON TX 77223

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

Name of Employer Occupation  
EXCARGO SERVICES PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SA11AI.111244**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL X FELIZ**

Mailing Address 306 LINDEN SHADE CT

City State Zip Code  
MILLERSVILLE MD 21108

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

Name of Employer Occupation  
POTOMAC PARTNERS CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2015

**Transaction ID : SA11AI.111436**

Amount of Each Receipt this Period  
2700.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SARAH K. FELIZ**

Mailing Address 306 LINDEN SHADE CT

City MILLERSVILLE State MD Zip Code 21108

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.111437**

Amount of Each Receipt this Period  
 2300.00

**B.** Full Name (Last, First, Middle Initial)  
**ROGIER FETTER**

Mailing Address 6 DARLING AVE

City NEW ROCHELLE State NY Zip Code 10804

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

Name of Employer ATLAS AIR Occupation VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11AI.111295**

Amount of Each Receipt this Period  
 350.00

**C.** Full Name (Last, First, Middle Initial)  
**KEITH ALOALII FILIMAU**

Mailing Address 405 GOLDEN PRADOS DRIVE

City DIAMOND State CA Zip Code 91765

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

Name of Employer PACW Occupation SALES

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11AI.111294**

Amount of Each Receipt this Period  
 500.00

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

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

3150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN J. FLAHERTY**

Mailing Address 21 NEILL DR.

City: WATERTOWN State: CT Zip Code: 06795

FEC ID number of contributing federal political committee: C

Name of Employer: CBIA Occupation: EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 15 / 2015

**Transaction ID : SA11AI.111262**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM J FLYNN**

Mailing Address 212 EAST 57TH STREET APT. PH

City: NEW YORK State: NY Zip Code: 10022

FEC ID number of contributing federal political committee: C

Name of Employer: ATLAS AIR Occupation: PRESIDENT & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 10 / 15 / 2015

**Transaction ID : SA11AI.111259**

Amount of Each Receipt this Period: 700.00

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD A. GEIST**

Mailing Address 1100 27TH AVE.

City: ALTOONA State: PA Zip Code: 16601

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 10 / 16 / 2015

**Transaction ID : SA11AI.111338**

Amount of Each Receipt this Period: 1500.00

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 1304 CHANCEL PLACE

City State Zip Code  
ALEXANDRIA VA 22314

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

Name of Employer Occupation  
OGILVY GOVERNMENT RELATIONS SENIOR VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SA11AI.111658**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**DALE TALMADGE GLASCO**

Mailing Address 8141 SW 86TH TERRACE

City State Zip Code  
MIAMI FL 33143

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

Name of Employer Occupation  
ATLAS AIR GOVERNMENT RELATIONS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SA11AI.111305**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM P. GRAVES**

Mailing Address 900 WHANN AVE.

City State Zip Code  
MCLEAN VA 22101

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

Name of Employer Occupation  
AMERICAN TRUCKING ASSOCIATION PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SA11AI.111523**

Amount of Each Receipt this Period  
2700.00

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

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

4200.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RANDY P. GUILLOT**

Mailing Address 136 BERTEL DR

City State Zip Code  
COVINGTON LA 70433

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

Name of Employer Occupation  
SOUTHEASTERN MOTOR FREIGHT INC PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.111524**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**STEVEN G HADDAD**

Mailing Address 1427 PACKARD CT

City State Zip Code  
KUTZTOWN PA 19530

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

Name of Employer Occupation  
CARL R BIEBER INC CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.111527**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1125 SAINT GREGORY ST #401

City State Zip Code  
CINCINNATI OH 45202

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

Name of Employer Occupation  
ATLAS AIR MANAGEMENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11AI.111288**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DOUGLAS C HANSEN**

Mailing Address 3016 RIDGE RD

City NORTH HAVEN State CT Zip Code 06473

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

Name of Employer WI CLARK Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111263**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN F. HARRIS**

Mailing Address 6120 N KILDARE

City CHICAGO State IL Zip Code 60646

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11AI.111597**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3508 148TH ST

City LUBBOCK State TX Zip Code 79423

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

Name of Employer PLAINS COTTON GROWERS Occupation VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.111707**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DALE S HIGH**

Mailing Address 746 WILLOW ROAD

City LANCASTER State PA Zip Code 17601

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

Name of Employer THE HIGH COMPANIES Occupation CHAIRMAN OF THE BOARD

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11AI.111725**

Amount of Each Receipt this Period  
2300.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DALE S HIGH**

Mailing Address 746 WILLOW ROAD

City LANCASTER State PA Zip Code 17601

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

Name of Employer THE HIGH COMPANIES Occupation CHAIRMAN OF THE BOARD

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11AI.111726**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID A HILLOCK**

Mailing Address 5333 TALL TREE COURT

City LISLE State IL Zip Code 60532

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

Name of Employer TRANSIT ASSOCIATES Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11AI.111596**

Amount of Each Receipt this Period  
250.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**R LEE HITE**

Mailing Address 501 BEAUMONT DR

City State Zip Code  
ALTOONA PA 16602

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

Name of Employer Occupation  
THE HITE COMPANY PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111333**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**TOMMY HODGES**

Mailing Address 2417 HIGHWAY 231 NORTH

City State Zip Code  
SHELBYVILLE TN 37160

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

Name of Employer Occupation  
TITAN TRANSFER CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.111419**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JULIE D HOLLADAY**

Mailing Address 3909 75TH PL

City State Zip Code  
LUBBOCK TX 79423

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

Name of Employer Occupation  
SELF EMPLOYED FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.111708**

Amount of Each Receipt this Period  
250.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 3417 SUNNY VIEW DR

City State Zip Code  
ALEXANDRIA VA 22309

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

Name of Employer Occupation  
RIDGE POLICY GROUP PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.111717**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JASON A. HOPE**

Mailing Address 1737 YORK AVE  
APT 2G

City State Zip Code  
NEW YORK NY 10128

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SA11AI.111525**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**FRED N IMLER II**

Mailing Address PO BOX 836

City State Zip Code  
DUNCANSVILLE PA 16635

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

Name of Employer Occupation  
IMLERS POULTRY LLP EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SA11AI.111325**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 30 OF 180  
(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)  
**INDUSTRIAL SEARCH PARTNERS**

Mailing Address PO BOX 2102

City NORWALK State CT Zip Code 06852

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.111512**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**JASON WARD**

Mailing Address PO BOX 2102

City NORWALK State CT Zip Code 06852

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

Name of Employer Occupation  
 INDUSTRIAL SEARCH PARTNERS EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.111920**

Amount of Each Receipt this Period  
 1000.00

**[MEMO ITEM]  
 PARTNERSHIP INDUSTRIAL SEARCH PARTNERS**

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS IOVINO**

Mailing Address 780 THIRD AVE STE 3101

City NEW YORK State NY Zip Code 10017

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

Name of Employer Occupation  
 OHL NORTH AMERICA/ JUDLAN ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11AI.111727**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 31 OF 180  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 2403 LELLAH COURT

City State Zip Code  
DUNN LORING VA 22027

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

Name of Employer Occupation  
CJ LAKE ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : SA11AI.111739**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JAMES JALBERT**

Mailing Address 185 GRAFTON DR

City State Zip Code  
PORTSMOUTH NH 03801

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

Name of Employer Occupation  
C&J TRAILWAYS PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.111442**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS G JEBRAN**

Mailing Address 2012 INDUSTRIAL DR

City State Zip Code  
BETHLEHEM PA 18017

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

Name of Employer Occupation  
TRANS BRIDGE LINES PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.111441**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KEVIN L JOHNSON**

Mailing Address 1759 HAMILTON DR

City State Zip Code  
PHOENIXVILLE PA 19460

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

Name of Employer Occupation  
TRAFFIC PLANNING & DESIGN INC. TRANSPORTATION ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.111715**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 220 SUMMER LANE

City State Zip Code  
MILL SPRING NC 28756

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

Name of Employer Occupation  
ATLAS AIR VP OF DEFENSE AND GOVERNMENT PROC

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SA11AI.111303**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DEAN E KAPLAN**

Mailing Address 131 MATZINGER ROAD

City State Zip Code  
TOLEDO OH 43612

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

Name of Employer Occupation  
PUBLIC FINANCIAL MANAGEMENT MANAGING DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2015

**Transaction ID : SA11AI.111440**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH G KELLER**

Mailing Address 120 CLOVER CIRCLE

City State Zip Code  
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation  
KELLER ENGINEERING INC CIVIL ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111332**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER KENNY**

Mailing Address 1417 N CHICAGO AVE.

City State Zip Code  
ARLINGTON HEIGHTS IL 60004

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

Name of Employer Occupation  
UNITED AIRLINES CONTROLLER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.111774**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT L KISS**

Mailing Address 1011 NW 157TH AVE.

City State Zip Code  
PEMBROKE PINES FL 33028

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

Name of Employer Occupation  
ATLAS AIR VICE PRESIDENT-GROUND OPERATIONS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111272**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ADAM R KOKAS**

Mailing Address 178 OLD BRANCHVILLERD.

City RIDGEFIELD	State CT	Zip Code 06877
--------------------	-------------	-------------------

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

Name of Employer ATLAS AIR	Occupation EXECUTIVE
-------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11AI.111299**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE KOPCSAY**

Mailing Address 4 OAKLEIGH CT

City NORWALK	State CT	Zip Code 06853
-----------------	-------------	-------------------

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

Name of Employer ATLAS AIR	Occupation EXECUTIVE
-------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015

**Transaction ID : SA11AI.111286**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 9S753 LORRAINE DR.

City WILLOWBROOK	State IL	Zip Code 60527
---------------------	-------------	-------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11AI.111604**

Amount of Each Receipt this Period  
500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 4564 LAWN AVE

City WESTON SPRINGS State IL Zip Code 60558

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

Name of Employer Occupation  
K-% CONSTRUCTION VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11AI.111605**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**ABILASH KOSHY KURIEN**

Mailing Address 31 KENSSETT AVE

City WILTON State CT Zip Code 06897

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

Name of Employer Occupation  
ATLAS AIR VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11AI.111301**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 104 VINEYARD BLVD

City BRANDON State MS Zip Code 39047

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

Name of Employer Occupation  
SELF EMPLOYED REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11AI.111457**

Amount of Each Receipt this Period  
 500.00

EARMARKED CONTRIBUTION THROUGH C00484535  
VOTESANE PAC

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**62500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 27 / 2015**

**Transaction ID : SA11AI.111458**

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]**  
**EARMARKED(NON-DIRECTED): CONDUIT LIMIT NOT AFFECTED**

**B.** Full Name (Last, First, Middle Initial)  
**GARY L. LANGSTON**

Mailing Address **1875 DOCKSIDE DR**

City **GREENWOOD** State **IN** Zip Code **46143**

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

Name of Employer Occupation  
**INDIAN MOTOR TRUCK ASSOCIATION PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 11 / 2015**

**Transaction ID : SA11AI.111522**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL R LAWROK**

Mailing Address **41 MAJESTIC CIR**

City **HOLLIDAYSBURG** State **PA** Zip Code **16648**

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

Name of Employer Occupation  
**LAWROK LAND DEVELOPERS REAL ESTATE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : SA11AI.111336**

Amount of Each Receipt this Period  
**500.00**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TRACY L LEE**

Mailing Address 888 OAK ST.

City WINNETKA State IL Zip Code 60093

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

Name of Employer UNITED AIRLINES Occupation VICE PRESIDENT, NETWORK OPERATIONS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.111768**

Amount of Each Receipt this Period  
 1000.00

**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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111311**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 1033 N 200 E

City CHESTERTON State IN Zip Code 46304

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

Name of Employer RELIABLE TRANSPORTATION SPECIALISTS Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.111531**

Amount of Each Receipt this Period  
 500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MICHELLE E. LIEBER**

Mailing Address 25 MASSACHUSETTS AVE NW STE 350

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

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

Name of Employer ALLY	Occupation CHIEF OF PUBLIC POLICY
--------------------------	--------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11AI.111659**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**SHARON LO-FLYNN**

Mailing Address 212 EAST 57TH STREET APT. PH

City NEW YORK	State NY	Zip Code 10022
------------------	-------------	-------------------

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111260**

Amount of Each Receipt this Period  
1300.00

**C.** Full Name (Last, First, Middle Initial)  
**SHAWN M LONG**

Mailing Address 110 WELLINGTON WAY

City JOHNSTOWN	State PA	Zip Code 15904
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FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCOMSOFT	Occupation CEO/OWNER
--------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111319**

Amount of Each Receipt this Period  
1500.00

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

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

3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 628 PENDLETON LAKE RD.

City State Zip Code  
RALEIGH NC 27614

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

Name of Employer Occupation  
LOGISTICS CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.111528**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**M.B. AND S.M. KRENTZMAN**

Mailing Address PO BOX 508

City State Zip Code  
LEWISTOWN PA 17044

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : SA11AI.111306**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**STEPHEN M KRENTZMAN**

Mailing Address RD 3 (BACK MAITLAND ROAD)

City State Zip Code  
LEWISTOWN PA 17044

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

Name of Employer Occupation  
JOE KRENTZMAN & SONS INC CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : SA11AI.111307**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
PARTNERSHIP M.B. AND S.M. KRENTZMAN

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JAY F. MALCYNISKY**

Mailing Address 25 PARKERS POINT RD

City CHESTER State CT Zip Code 06412

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

Name of Employer GAFFNEY BENNETT AND ASSOC Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111279**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**JAMES A MANAFORT JR.**

Mailing Address PO BOX 99

City PLAINVILLE State CT Zip Code 06062

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

Name of Employer MANAFORT BROTHERS INCORPORATED Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111261**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1833 HUDSON RD.

City MADISON State TN Zip Code 37115

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

Name of Employer TENNESSEE COMMERCIAL WAREHOUSE Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.111529**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 6344 CAVALIER CORRIDOR

City Falls Church State VA Zip Code 22044

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

Name of Employer MATTOON & ASSOCIATES Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111270**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**KEITH H MAYER**

Mailing Address 6 BRAMBLE TRL.

City Newtown State CT Zip Code 06470

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

Name of Employer ATLAS AIR Occupation VICE PRESIDENT, CHIEF ACCOUNTING OFFICER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11AI.111293**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JAMES P MCANDREW**

Mailing Address 131 ISLAND DR

City Ocean Ridge State FL Zip Code 33435

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

Name of Employer MATTHEW OUTDOOR ADVERTISING Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11AI.111729**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 36 TRUMBULL ST.

City State Zip Code  
HARTFORD CT 06103

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

Name of Employer Occupation  
CAPITOL STRATEGIES GROUP, LLC PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111268**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MARILYN J. MCCAIG**

Mailing Address 39 N ROYAL FERN

City State Zip Code  
THE WOODLANDS TX 77380

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.111439**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**KATHLEEN B. MCCANN**

Mailing Address 12948 BRAEBURN LN

City State Zip Code  
PLYMOUTH MI 48170

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

Name of Employer Occupation  
UNITED ROAD SERVICES CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.111515**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 13365 R STREET NW #2

City WASHINGTON State DC Zip Code 20009

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

Name of Employer OGIIVY GOVERNMENT RELATIONS Occupation LOBBYIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : SA11AI.111622**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT M MCGOWAN JR**

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 MISSION CRITICAL SOLUTIONS, LLC Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111313**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**AMY D MCKENNIS-MISTRI**

Mailing Address 440 12TH ST. NE #107

City WASHINGTON State DC Zip Code 20002

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

Name of Employer GLOBAL USA INC. Occupation VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015

**Transaction ID : SA11AI.111285**

Amount of Each Receipt this Period  
 500.00

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

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

3400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 3113 EISENHOWER DR

City EAST NORRITON State PA Zip Code 19403

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

Name of Employer RE/MAX Occupation REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11AI.111447**

Amount of Each Receipt this Period  
**500.00**

EARMARKED CONTRIBUTION THROUGH C00484535  
 VOTESANE PAC

**B.** Full Name (Last, First, Middle Initial)  
**VOTESANE PAC**

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **62500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11AI.111448**

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]**  
 EARMARKED(NON-DIRECTED): CONDUIT LIMIT NOT AFFECTED

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

Mailing Address 3113 EISENHOWER DR

City EAST NORRITON State PA Zip Code 19403

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

Name of Employer RE/MAX Occupation REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11AI.111453**

Amount of Each Receipt this Period  
**500.00**

EARMARKED CONTRIBUTION THROUGH C00484535  
 VOTESANE PAC

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

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

**1000.00**

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

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

FOR LINE NUMBER: PAGE 45 OF 180  
(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)  
**VOTESANE PAC**

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**62500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2015**

**Transaction ID : SA11AI.111454**

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]  
 EARMARKED(NON-DIRECTED): CONDUIT LIMIT NOT AFFECTED**

**B.** Full Name (Last, First, Middle Initial)  
**JOHN R MEIER**

Mailing Address **7518 SAWMILL RD**

City **MADISON** State **WI** Zip Code **53717**

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

Name of Employer Occupation  
**BADGER COACH LINES PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2015**

**Transaction ID : SA11AI.111273**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL P MEUSER**

Mailing Address **182 SUSQUEHANNA AVE**

City **WEST PITTSION** State **PA** Zip Code **18643**

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

Name of Employer Occupation  
**PRIDE MOBILITY PRODUCTS CORP EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 18 / 2015**

**Transaction ID : SA11AI.111716**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL P MEUSER**

Mailing Address 182 SUSQUEHANNA AVE

City WEST PITTSION State PA Zip Code 18643

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

Name of Employer PRIDE MOBILITY PRODUCTS CORP Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11AI.111797**

Amount of Each Receipt this Period  
 -1000.00  
 RETURNED CHECK

**B.** Full Name (Last, First, Middle Initial)  
**MR. JONATHAN E MILLER**

Mailing Address 2425 N OTTAWA ST

City ARLINGTON State VA Zip Code 22205

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

Name of Employer VOLVO GROUP NORTH AMERICA Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11AI.111598**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 5506 6TH AVE REAR

City ALTOONA State PA Zip Code 16602

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111324**

Amount of Each Receipt this Period  
 2500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 2591 RESERVOIR ROAD

City State Zip Code  
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation  
FIORE BROTHERS INC EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111921**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]  
PARTNERSHIP MLR**

**B.** Full Name (Last, First, Middle Initial)  
**RONALD R. MOORE**

Mailing Address 504 SPRING

City State Zip Code  
W BURLINGTON IA 52655

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

Name of Employer Occupation  
BURLINGTON TRAILWAYS PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.111433**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MAJIDA M MOURAD**

Mailing Address 1455 PENNSYLVANIA AVE NW STE 550

City State Zip Code  
WASHINGTON DC 20004

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

Name of Employer Occupation  
CHENTIERE ENERGY GOVERNMENT AFFAIRS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.111777**

Amount of Each Receipt this Period  
2500.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN P MUCHESKO**

Mailing Address 1421 COVENTRY CT.

City JOHNSTOWN State PA Zip Code 15905

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

Name of Employer M&C TRUCKING COMPANY Occupation DISPATCHER/DRIVER/PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111327**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**KEVIN O'REILLY**

Mailing Address 3750 GALT OCEAN AVE

City FT. LAUDERDALE State FL Zip Code 33308

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

Name of Employer ATLAS AIR Occupation DIRECTOR OF TRAINING

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11AI.111302**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 112 WALL ST.

City TORRINGTON State CT Zip Code 06790

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111282**

Amount of Each Receipt this Period  
2500.00

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

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

3000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN O PALMER**

Mailing Address 5827 N 27TH ST.

City ARLINGTON State VA Zip Code 22207

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

Name of Employer VAN SCOYOC ASSOCIATES Occupation VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.111438**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**PETER PANTUSO**

Mailing Address 1001 L ST NW #303

City WASHINGTON State DC Zip Code 20001

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

Name of Employer AMERICAN BUSINESS ASSOC Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111264**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MARK E PASQUERILLA**

Mailing Address 945 MENOHER BLVD

City JOHNSTOWN State PA Zip Code 15901

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

Name of Employer PASQUERILLA ENTERPRISES Occupation CORPORATE EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111322**

Amount of Each Receipt this Period  
250.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROSS J PEPE**

Mailing Address 629 WHITE PLAINS RD.

City TARRYTOWN State NY Zip Code 10591

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

Name of Employer CONSTRUCTION INDUSTRY COUNCIL Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11AI.111730**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**KAREN E PFEFFER**

Mailing Address 160 STONEHEDGE RD

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111326**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 1114 E STREET SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer REPUBLIC CONSULTANTS LLC Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.111778**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 330 PARK DR

City State Zip Code  
SPRINGFIELD MA 01106

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

Name of Employer Occupation  
PETER PAN BUS LINES CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111265**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**PORTEO GROUP, LLC**

Mailing Address 5353 W SAM HOUSTON PKWY N

City State Zip Code  
HOUSTON TX 77041

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.111431**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 10235 W LITTLE YORK RD STE 445

City State Zip Code  
HOUSTON TX 77040

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

Name of Employer Occupation  
PORTEO GROUP PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11AI.111432**

Amount of Each Receipt this Period  
 500.00

**[MEMO ITEM]**  
PARTNERSHIP PORTEO GROUP, LLC

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 52 OF 180  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL J QUIELLO**

Mailing Address 206 CROMWELL DR.

City State Zip Code  
PEACHTREE CITY GA 30269

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

Name of Employer Occupation  
UNITED AIRLINES VICE PRESIDENT, CORPORATE SAFETY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.111771**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM H. REED**

Mailing Address PO BOX 3306

City State Zip Code  
KNOXVILLE TN 37927

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.111520**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO BOX 9

City State Zip Code  
KRESS TX 79052

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

Name of Employer Occupation  
SELF EMPLOYED FARMER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.111710**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 11444 W OLYMPIC BLVD

City State Zip Code  
LOS ANGELES CA 90064

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

Name of Employer Occupation  
ROLL INTERNATIONAL CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11AI.111657**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**TONY M RIGGS**

Mailing Address 423 LANESBOROUGH DR.

City State Zip Code  
MARIETTA GA 30064

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

Name of Employer Occupation  
JACK COOPER HOLDINGS CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.111514**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address RR 2 BOX 107-B

City State Zip Code  
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111314**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 1650 CORAL WAY #903

City State Zip Code  
MIAMI FL 33145

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

Name of Employer Occupation  
ATLAS AIR VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11AI.111290**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD ROSS**

Mailing Address 28 OLD HILL FARMS ROAD

City State Zip Code  
WESTPORT CT 06880

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

Name of Employer Occupation  
ATLAS AIR CIO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11AI.111296**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**KEVIN S SARUBBE**

Mailing Address 6 MELENY RD.

City State Zip Code  
LOCUST VALLEY NY 11560

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

Name of Employer Occupation  
ATLAS AIR VICE PRESIDENT OF SYSTEMS OPERATION

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111276**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 750 BRENTWATER RD

City State Zip Code  
CAMP HILL PA 17011

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

Name of Employer Occupation  
MCCORMICK TAYLOR ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.111719**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**LEE P. SHAFFER**

Mailing Address 3822 NOTTAWAY RD.

City State Zip Code  
DURHAM NC 27707

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

Name of Employer Occupation  
KENN ADVANTAGE CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SA11AI.111517**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MYRON P. SHEVELL**

Mailing Address 1-71 NORTH AVE E

City State Zip Code  
ELIZABETH NJ 07201

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

Name of Employer Occupation  
NEMF CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SA11AI.111513**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 65 CLIFFMORE RD.

City WEST HARTFORD State CT Zip Code 06107

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

Name of Employer CONNECTICUT CONSTRUCTION INDUSTRIE Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111280**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**PAUL SIGURDSON**

Mailing Address 2722 GRAND ST NE

City MINNEAPOLIS State MN Zip Code 55418

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

Name of Employer COUNSELOR REALTY Occupation INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11AI.111451**

Amount of Each Receipt this Period  
 500.00

EARMARKED CONTRIBUTION THROUGH C00484535 VOTESANE PAC

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

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

FEC ID number of contributing federal political committee. **C** C00484535

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11AI.111452**

Amount of Each Receipt this Period  
 500.00

**[MEMO ITEM]**  
 EARMARKED(NON-DIRECTED): CONDUIT LIMIT NOT AFFECTED

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

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

1500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**F. RANDALL SMITH**

Mailing Address 325 EAST 53RD STREET  
NUMBER 3

City NEW YORK State NY Zip Code 10022

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

Name of Employer CAPITAL COUNSEL, LLC Occupation INVESTMENT ADVISOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : SA11AI.111690**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**JUDITH G SMITH**

Mailing Address 325 EAST 53RD ST.  
#3

City NEW YORK State NY Zip Code 10022

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : SA11AI.111691**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH B. SMITH**

Mailing Address 14 CARDINAL DR

City GLASTONBURY State CT Zip Code 06033

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

Name of Employer SMITH BROTHERS Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111283**

Amount of Each Receipt this Period  
1000.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 8114 VALLEY DR

City MILES CITY State MT Zip Code 89301

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

Name of Employer KEN STABLER TRUCKING Occupation OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.111530**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL T STEEN**

Mailing Address 421 MONTE CARLO DR.

City SOUTHLAKE State TX Zip Code 76092

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

Name of Employer ATLAS AIR WORLDWIDE Occupation EXECUTIVE VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11AI.111287**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 12440 PERCIVAL ST

City CHESTER State VA Zip Code 23831

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

Name of Employer STRICKLAND REALTY Occupation REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11AI.111445**

Amount of Each Receipt this Period  
 500.00

EARMARKED CONTRIBUTION THROUGH C00484535  
 VOTESANE PAC

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**62500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2015**

**Transaction ID : SA11AI.111446**

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]**  
**EARMARKED(NON-DIRECTED): CONDUIT LIMIT NOT AFFECTED**

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

Mailing Address **PO BOX 748**

City **MERIDEN** State **CT** Zip Code **06450**

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

Name of Employer Occupation  
**L. SUZIO CONCRETE SALES**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2015**

**Transaction ID : SA11AI.111241**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MARK W SZANCA**

Mailing Address **123 CAMELOT BLVD**

City **FALLING WATERS** State **WV** Zip Code **25419**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : SA11AI.111315**

Amount of Each Receipt this Period  
**1500.00**

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

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

**4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 111 PATTERSON AVE

City HOBOKEN State NJ Zip Code 07030

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

Name of Employer ACADEMY BUSES Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111274**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BRUCE J THALER**

Mailing Address 116 UNION AVE.

City ALTOONA State PA Zip Code 16602

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE DEVELOPMENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111321**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 11375 CLEVELAND AVE NW

City UNIONTOWN State OH Zip Code 44685

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

Name of Employer COLDWELL BANKER HUNTER REALTY Occupation REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : SA11AI.111550**

Amount of Each Receipt this Period  
 500.00

EARMARKED CONTRIBUTION THROUGH C00484535 VOTESANE PAC

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**62975.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		12		2015

**Transaction ID : SA11AI.111551**

Amount of Each Receipt this Period  
**475.00**

**[MEMO ITEM]**  
EARMARKED(NON-DIRECTED): CONDUIT LIMIT NOT AFFECTED

**B.** Full Name (Last, First, Middle Initial)  
**MR. WARREN J TRYON**

Mailing Address **216 9TH STREET SE**

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

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

Name of Employer Occupation  
**RR&G CONSULTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		08		2015

**Transaction ID : SA11AI.111661**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WARREN J TRYON**

Mailing Address **216 9TH STREET SE**

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

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

Name of Employer Occupation  
**RR&G CONSULTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		17		2015

**Transaction ID : SA11AI.111738**

Amount of Each Receipt this Period  
**500.00**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NANCY H VAN DUYN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 4901 MACARTHUR BLVD NW		<b>Transaction ID : SA11AI.111770</b>	
City WASHINGTON	State DC	Zip Code 20007	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer UNITED AIRLINES	Occupation VICE PRESIDENT, CONGRESSIONAL AFFAI		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. STANLEY VANDERPOL</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 11 / 2015	
Mailing Address 3923 S 34TH ST		<b>Transaction ID : SA11AI.111516</b>	
City AUBURN	State WA	Zip Code 98001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer PENINSULA TRUCKLINES	Occupation PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. STEVE VERETT</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2015	
Mailing Address 3103 80TH ST		<b>Transaction ID : SA11AI.111709</b>	
City LUBBOCK	State TX	Zip Code 79423	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer PLAINS COTTON GROWERS	Occupation EXECUTIVE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ERIN C. VONDRA**

Mailing Address 343 OLD SUTTON RD

City BARRINGTON State IL Zip Code 60010

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

Name of Employer WDH REAL ESTATE Occupation REALTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11AI.111594**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**GARY E WADE**

Mailing Address 8010 PRESTWICK CIR.

City DULUTH State GA Zip Code 30097

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

Name of Employer ATLAS AIR Occupation VICE PRESIDENT, SECURITY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.111275**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. BARBARA J WINDSOR**

Mailing Address 11323 SAN ANDREW DR

City NEW MARKET State MD Zip Code 21774

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

Name of Employer HAHN TRANSPORTATION Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.111699**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 180
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 271 POND STREET

City State Zip Code  
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.111320**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**EMILY ZAMMIT**

Mailing Address 1801 16TH STREET NW, UNIT 111

City State Zip Code  
WASHINTON DC 20009

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

Name of Employer Occupation  
SQUIRE PATTON BOGGS PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : SA11AI.111623**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**DAVID J ZAZISKI**

Mailing Address 930 PENINSULA AVE APT 203

City State Zip Code  
SAN MATEO CA 94401

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

Name of Employer Occupation  
SILURIA TECHNOLOGIES GOVERNMENT AFFAIRS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11AI.111721**

Amount of Each Receipt this Period  
500.00

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

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

2250.00

151300.00



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

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

FOR LINE NUMBER: PAGE 65 OF 180  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**3M COMPANY PAC**

Mailing Address 3M CENTER BUILDING 224-6S-03

City ST. PAUL State MN Zip Code 55144

FEC ID number of contributing federal political committee. **C C00084475**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SA11C.111702**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 800 CONNECTICUT AVENUE NW  
SUITE 600

City WASHINGTON State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2015

**Transaction ID : SA11C.111538**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ACTION COMMITTEE FOR RURAL ELECTRIFICATION PAC**

Mailing Address 4301 WILSON BLVD

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2015

**Transaction ID : SA11C.111424**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ACTION COMMITTEE FOR RURAL ELECTRIFICATION PAC**

Mailing Address 4301 WILSON BLVD

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11C.111734**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ACTION COMMITTEE FOR RURAL ELECTRIFICATION PAC**

Mailing Address 4301 WILSON BLVD

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.111775**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ACTION COMMITTEE FOR RURAL ELECTRIFICATION PAC**

Mailing Address 4301 WILSON BLVD

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.111776**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 67 OF 180  
(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)  
**AES CORPORATION POLITICAL ACTION COMMITTEE; THE**

Mailing Address 4300 WILSON BOULEVARD 11TH FLOOR

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00507962

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SA11C.111668**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AES CORPORATION POLITICAL ACTION COMMITTEE; THE**

Mailing Address 4300 WILSON BOULEVARD 11TH FLOOR

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00507962

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SA11C.111669**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AGRI-MARK INC POLITICAL ACTION COMMITTEE**

Mailing Address 100 MILK STREET, OFFICE PARK

City State Zip Code  
METHUEN MA 01844

FEC ID number of contributing federal political committee. **C** C00141242

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11C.111783**

Amount of Each Receipt this Period  
250.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 68 OF 180  
(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)  
**AIR METHODS CORPORATION POLITICAL ACTION COMMITTEE (AMPAC)**

Mailing Address 1550 LARIMER STREET  
SUITE 229

City State Zip Code  
DENVER CO 80202

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 08 / 2015

**Transaction ID : SA11C.111235**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**ALASKA BERING SEA CRABBERS FEDERAL POLITICAL ACTION COMMITTEE (CRABBERS PAC)**

Mailing Address 5470 SHILSHOLE AVENUE NW SUITE 505

City State Zip Code  
SEATTLE WA 98107

FEC ID number of contributing federal political committee. **C** C00538769

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SA11C.111675**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ALTRIA GROUP INC.**

Mailing Address 101 CONSTITUTION AVE NW

City State Zip Code  
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : SA11C.111757**

Amount of Each Receipt this Period  
2000.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 69 OF 180  
(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)  
**AMERICAN CONCRETE PIPE ASSOCIATION PAC**

Mailing Address 8445 FREEPORT PKWY  
SUITE 350

City IRVING State TX Zip Code 75063

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SA11C.111247**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN HOTEL AND LODGING ASSOCIATION POLITICAL ACTION COMMITTEE ('HOTELPAC')**

Mailing Address 1201 NEW YORK AVENUE, NW  
SIXTH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00001198

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 08 / 2015

**Transaction ID : SA11C.111237**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 1505 PRINCE STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : SA11C.111749**

Amount of Each Receipt this Period  
2500.00

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN PHYSICAL THERAPY ASSOCIATION**

Mailing Address 1111 FAIRFAX ST N

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 23 2015

**Transaction ID : SA11C.111759**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN WATER WORKS CO. INC. PAC**

Mailing Address 1025 LAUREL OAK ROAD

City State Zip Code  
VORHEES NJ 08043

FEC ID number of contributing federal political committee. **C** C00354548

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 2015

**Transaction ID : SA11C.111763**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMO VOLUNTARY POLITICAL ACTION FUND**

Mailing Address 2 W DIXIE HWY

City State Zip Code  
DANIA BEACH FL 33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 15 2015

**Transaction ID : SA11C.111246**

Amount of Each Receipt this Period  
 2500.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMO VOLUNTARY POLITICAL ACTION FUND**

Mailing Address 2 W DIXIE HWY

City State Zip Code  
DANIA BEACH FL 33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : SA11C.111751**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 1201 15TH ST NW SUITE 400

City State Zip Code  
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SA11C.111682**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**ARKANSAS BEST CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 3801 OLD GREENWOOD ROAD  
PO BOX 10048

City State Zip Code  
FORT SMITH AR 72903

FEC ID number of contributing federal political committee. **C** C00193383

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2015

**Transaction ID : SA11C.111422**

Amount of Each Receipt this Period  
500.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**ARNOLD AND PORTER LLP PARTNERS POLITICAL ACTION COMMITTEE**

Mailing Address 555 12TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C C00216895**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		15		2015

Transaction ID : SA11C.111258

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

B. Full Name (Last, First, Middle Initial)  
**ASSOCIATED EQUIPMENT DISTRIBUTORS PAC**

Mailing Address 121 HENRY ST N

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee. **C C00010124**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		31		2015

Transaction ID : SA11C.111799

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

C. Full Name (Last, First, Middle Initial)  
**AT&T INC FEDERAL PAC**

Mailing Address 208 AKARD ST S  
SUITE 3521

City	State	Zip Code
DALLAS	TX	75202

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		10		2015

Transaction ID : SA11C.111692

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

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

\_\_\_\_\_ 7000.00

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

\_\_\_\_\_



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ATLAS AIR WORLDWIDE HOLDINGS INC. PAC**

Mailing Address 2000 WESTCHESTER AVE

City State Zip Code  
PURCHASE NY 10677

FEC ID number of contributing federal political committee. **C C00478099**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SA11C.111248**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 910 LOUISIANA ST  
SUITE 3000

City State Zip Code  
HOUSTON TX 77002

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2015

**Transaction ID : SA11C.111428**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 100 PARK AVENUE

City State Zip Code  
FLORHAM PARK NJ 07932

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2015

**Transaction ID : SA11C.111409**

Amount of Each Receipt this Period  
2000.00

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 100 PARK AVENUE

City State Zip Code  
FLORHAM PARK NJ 07932

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11C.111760**

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
**BROTHERHOOD OF LOCOMOTIVE ENGINEERS**

Mailing Address 1370 ONTARIO ST

City State Zip Code  
CLEVELAND OH 44113

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.111793**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**BUCHANAN INGERSOLL & ROONEY PAC**

Mailing Address 1 OXFORD CENTER 20TH FLOOR  
301 GRANT STREET

City State Zip Code  
PITTSBURGH PA 15219

FEC ID number of contributing federal political committee. **C** C00195388

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11C.111736**

Amount of Each Receipt this Period  
1500.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CALPORTLAND COMPANY POLITICAL ACTION COMMITTEE (CPCC-PAC)**

Mailing Address 2025 E. FINANCIAL WAY  
SUITE 200

City State Zip Code  
GLEN DORA CA 91741

FEC ID number of contributing federal political committee. **C** C00389429

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11C.111426**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**CATERPILLAR INC. PAC**

Mailing Address 100 NE ADAMS

City State Zip Code  
PEORIA IL 61629

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.111785**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1250 CONNECTICUT AVE NW  
SUITE 800

City State Zip Code  
WASHINGTON DC 20036

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111678**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CEMEX INC EMPLOYEES PAC**

Mailing Address 929 GESSNER RD.  
STE. 1900

City HOUSTON State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C** C00111880

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11C.111245**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**CEMEX INC EMPLOYEES PAC**

Mailing Address 929 GESSNER RD.  
STE. 1900

City HOUSTON State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C** C00111880

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111663**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 9191 S JAMAICA STREET

City ENGLEWOOD State CO Zip Code 80112

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11C.111421**

Amount of Each Receipt this Period  
1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHENIERE ENERGY, INC. PAC**

Mailing Address 1445 PENNSYLVANIA AVENUE, NW  
SUITE 550

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00430157**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.111784**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address PO BOX 64089

City INVER GROVE HTS State MN Zip Code 55164

FEC ID number of contributing federal political committee. **C C00149104**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11C.111257**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**COLUMBIA PIPELINE GROUP, INC. PAC**

Mailing Address 10 G STREET NE SUITE 400

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00575340**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11C.111735**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 78 OF 180  
(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)  
**COMCAST CORPORATION PAC**

Mailing Address **ONE COMCAST CENTER**  
**1701 JFK BOULEVARD**

City **PHILADELPHIA** State **PA** Zip Code **19103**

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**12 / 14 / 2015**

**Transaction ID : SA11C.111703**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**CON-WAY INC PAC**

Mailing Address **2211 OLD EARHART ROAD**  
**SUITE 100**

City **ANN ARBOR** State **MI** Zip Code **48105**

FEC ID number of contributing federal political committee. **C C00110759**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**12 / 31 / 2015**

**Transaction ID : SA11C.111786**

Amount of Each Receipt this Period  
**1500.00**

**C.** Full Name (Last, First, Middle Initial)  
**CON-WAY INC PAC**

Mailing Address **2211 OLD EARHART ROAD**  
**SUITE 100**

City **ANN ARBOR** State **MI** Zip Code **48105**

FEC ID number of contributing federal political committee. **C C00110759**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**12 / 31 / 2015**

**Transaction ID : SA11C.111787**

Amount of Each Receipt this Period  
**500.00**

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

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

**4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A. CONCRETE REINFORCING STEEL INSTITUTE PAC (REBAR PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 933 N PLUM GROVE RD

City State Zip Code  
SCAUMBURG IL 60173

FEC ID number of contributing federal political committee. **C C00565614**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2015

**Transaction ID : SA11C.111429**

Amount of Each Receipt this Period  
1000.00

**B. CONSERVATIVE OPPORTUNITIES FOR A NEW AMERICA PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 110 W LOUISIANA AVENUE SUITE 312

City State Zip Code  
MIDLAND TX 79701

FEC ID number of contributing federal political committee. **C C00409458**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SA11C.111680**

Amount of Each Receipt this Period  
2500.00

**C. CORROSION PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1440 S CREEK DRIVE

City State Zip Code  
HOUSTON TX 77084

FEC ID number of contributing federal political committee. **C C00532366**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SA11C.111252**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

Mailing Address 316 PENNSYLVANIA AVE SE  
SUITE 401

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00503680**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111681**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**DAIRY EDUCATIONAL PAC**

Mailing Address 10220 AMBASSADOR DR N

City KANSAS CITY State MO Zip Code 64153

FEC ID number of contributing federal political committee. **C C00001388**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111684**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**DEVON ENERGY CORPORATION PAC (DEC PAC)**

Mailing Address 20 N. BROADWAY  
SUITE 1500

City OKLAHOMA CITY State OK Zip Code 73102

FEC ID number of contributing federal political committee. **C C00354753**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11C.111249**

Amount of Each Receipt this Period  
 2500.00

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

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

5500.00



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

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

FOR LINE NUMBER: PAGE 81 OF 180  
(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)  
DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE

Mailing Address 801 MAIN AVENUE

City NORWALK State CT Zip Code 06851

FEC ID number of contributing federal political committee. **C** C00034470

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SA11C.111677**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 370 WABASH STREET N.

City ST. PAUL State MN Zip Code 55102

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SA11C.111254**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
EMBRAER AIRCRAFT HOLDING INC POLITICAL ACTION COMMITTEE (EMBRAER PAC)

Mailing Address 276 SW 34TH STREET

City FT LAUDERDALE State FL Zip Code 33315

FEC ID number of contributing federal political committee. **C** C00472225

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SA11C.111670**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**EMERGENT BIOSOLUTIONS INC EMPLOYEES PAC**

Mailing Address 2273 RESEARCH BLVD  
SUITE 400

City State Zip Code  
ROCKVILLE MD 20850

FEC ID number of contributing federal political committee. **C** C00380303

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111671**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ERNST & YOUNG POLITICAL ACTION COMMITTEE**

Mailing Address 1101 NEW YORK AVENUE, NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11C.111536**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**EXXON MOBIL CORPORATION PAC**

Mailing Address 5959 LAS COLINAS BLVD

City State Zip Code  
IRVING TX 75039

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11C.111408**

Amount of Each Receipt this Period  
 2500.00

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FARM CREDIT COUNCIL**

Mailing Address 50 F ST NW SUITE 900

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111686**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 942 SHADY GROVE RD S

City State Zip Code  
MEMPHIS TN 38120

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : SA11C.111747**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**FERT PAC (THE POLITICAL ACTION COMMITTEE OF THE FERTILIZER INSTITUTE)**

Mailing Address 820 FIRST STREET, NE  
SUITE 430

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C C00085910**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111679**

Amount of Each Receipt this Period  
1000.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 84 OF 180  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 403 EAST CAPITOL ST SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00034132**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : SA11C.111745**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 1350 I STREET NW

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.111767**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**GANNETT FLEMING INC. PAC**

Mailing Address PO BOX 67100

City HARRISBURG State PA Zip Code 17106

FEC ID number of contributing federal political committee. **C C00141382**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11C.111737**

Amount of Each Receipt this Period  
 1000.00

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

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

6000.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address **222 WEST ADAMS STREET**

City **CHICAGO** State **IL** Zip Code **60606**

FEC ID number of contributing federal political committee. **C C00118703**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 19 / 2015**

**Transaction ID : SA11C.111600**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**GERDAU PAC**

Mailing Address **4221 W BOY SCOUT BLVD STE 600**

City **TAMPA** State **FL** Zip Code **33607**

FEC ID number of contributing federal political committee. **C C00567263**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 14 / 2015**

**Transaction ID : SA11C.111693**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**GOOGLE INC. NETPAC**

Mailing Address **1101 NEW YORK AVENUE, NW  
SECOND FLOOR**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00428623**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : SA11C.111765**

Amount of Each Receipt this Period  
**4000.00**

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

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

**6000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 1101 14TH ST NW  
SUITE 750

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11C.111256**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HNTB HOLDINGS LTD PAC**

Mailing Address 715 KIRK DR

City KANSAS CITY State MO Zip Code 64105

FEC ID number of contributing federal political committee. **C C00386029**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11C.111420**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HOGAN LOVELLS POLITICAL ACTION COMMITTEE**

Mailing Address 555 THIRTEENTH STREET NW 8TH FL  
WEST TOWER

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00261339**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11C.111706**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HOLCIM (US) INC. PAC**

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11C.111253**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**HOLLAND AND KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT**

Mailing Address 800 17TH STREET, NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00171330**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11C.111603**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL PAC**

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2015

**Transaction ID : SA11C.111239**

Amount of Each Receipt this Period  
1500.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 88 OF 180  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**HUMANE SOCIETY LEGISLATIVE FUND POLITICAL ACTION COMMITTEE**

Mailing Address **2100 L STREET, NW  
SUITE 310**

City State Zip Code  
**WASHINGTON DC 20037**

FEC ID number of contributing federal political committee. **C C00466813**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 21 2015**

**Transaction ID : SA11C.111754**

Amount of Each Receipt this Period  
**1000.00**

B. Full Name (Last, First, Middle Initial)  
**ICPI INTERLOCKING CONCRETE PAVEMENT INSTITUTE PAVERPAC**

Mailing Address **13921 PARK CENTER ROAD SUITE 270**

City State Zip Code  
**HERNDON VA 20171**

FEC ID number of contributing federal political committee. **C C00458224**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 19 2015**

**Transaction ID : SA11C.111602**

Amount of Each Receipt this Period  
**500.00**

C. Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA PAC**

Mailing Address **412 FIRST STREET, SE, SUITE 300**

City State Zip Code  
**WASHINGTON DC 20003**

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
**3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 14 2015**

**Transaction ID : SA11C.111701**

Amount of Each Receipt this Period  
**1000.00**

**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 89 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**INSTITUTE OF MAKERS OF EXPLOSIVES PAC**

Mailing Address 1120 19TH ST NW  
SUITE 310

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00135590**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111662**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS**

Mailing Address 1750 NEW YORK AVENUE NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C70003108**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.111795**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL A,B,C,D PAC**

Mailing Address 44-40 11TH ST.

City LONG ISLAND CITY State NY Zip Code 11101

FEC ID number of contributing federal political committee. **C C00163956**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11C.111731**

Amount of Each Receipt this Period  
500.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JIM GERLACH FOR CONGRESS**

Mailing Address PO BOX 87

City State Zip Code  
UWCHLAND PA 19480

FEC ID number of contributing federal political committee. **C** C00372102

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : SA11C.111750**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MAKING AMERICA PROSPEROUS PAC**

Mailing Address PO BOX 2485

City State Zip Code  
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00445379

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : SA11C.111748**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 16011 NE 36TH WAY  
BOX 97017

City State Zip Code  
REDMOND WA 98073

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11C.111790**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MOTOR AND EQUIPMENT MANUFACTURERS ASSOCIATION PAC (MEMA PAC)**

Mailing Address **PO BOX 65853**

City **WASHINGTON** State **DC** Zip Code **20035**

FEC ID number of contributing federal political committee. **C C00479964**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 11 / 2015**

**Transaction ID : SA11C.111535**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRANSPORTATION PAC**

Mailing Address **4226 KING ST**

City **ALEXANDRIA** State **VA** Zip Code **22302**

FEC ID number of contributing federal political committee. **C C00340554**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : SA11C.111755**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASPHALT PAVEMENT ASSOCIATION PAC (NAPA-PAC)**

Mailing Address **101 CONSTITUTION AVENUE NW  
SUITE 600 WEST**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00444539**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2015**

**Transaction ID : SA11C.111255**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOC. OF BROADCASTERS PAC**

Mailing Address 1771 N ST NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.111798**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF WHEAT GROWERS POLITICAL ACTION COMMITTEE (WHEATPAC)**

Mailing Address 415 2ND STREET, NE  
SUITE 300

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00139964

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111683**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL CONCRETE MASONRY ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 13750 SUNRISE VALLEY DRIVE

City HERNDON State VA Zip Code 20171

FEC ID number of contributing federal political committee. **C** C00128975

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11C.111601**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON**

Mailing Address **P.O. BOX 2995**

City State Zip Code  
**CORDOVA TN 38088**

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 08 2015**

**Transaction ID : SA11C.111673**

Amount of Each Receipt this Period  
**1000.00**

B. Full Name (Last, First, Middle Initial)  
**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Mailing Address **50 F STREET NW SUITE 900**

City State Zip Code  
**WASHINGTON DC 20001**

FEC ID number of contributing federal political committee. **C C00002238**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 08 2015**

**Transaction ID : SA11C.111665**

Amount of Each Receipt this Period  
**1000.00**

C. Full Name (Last, First, Middle Initial)  
**NATIONAL EMERGENCY MEDICINE PAC**

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 31 2015**

**Transaction ID : SA11C.111782**

Amount of Each Receipt this Period  
**2500.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL PORK PRODUCERS COUNCIL PORK PAC**

Mailing Address P.O. BOX 10383

City State Zip Code  
DES MOINES IA 50306

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11C.111540**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL SORGHUM PRODUCERS POLITICAL ACTION COMMITTEE**

Mailing Address 4201 N INTERSTATE 27

City State Zip Code  
LUBBOCK TX 79403

FEC ID number of contributing federal political committee. **C** C00475673

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111676**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL TANK TRUCK CARRIERS PAC**

Mailing Address 950 GLEBE RD N  
SUITE 520

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00188011

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11C.111533**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 95 OF 180  
(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)  
NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address ONE NATIONWIDE PLAZA  
1-32-301

City State Zip Code  
COLUMBUS OH 43215

FEC ID number of contributing federal political committee. **C** C00076174

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2015

**Transaction ID : SA11C.111423**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
NETJETS ASSOCIATION OF SHARED AIRCRAFT PILOTS PAC; NJASAP PAC

Mailing Address 630 MORRISON ROAD  
SUITE 110

City State Zip Code  
GAHANNA OH 43230

FEC ID number of contributing federal political committee. **C** C00488262

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SA11C.111250**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
NETJETS ASSOCIATION OF SHARED AIRCRAFT PILOTS PAC; NJASAP PAC

Mailing Address 630 MORRISON ROAD  
SUITE 110

City State Zip Code  
GAHANNA OH 43230

FEC ID number of contributing federal political committee. **C** C00488262

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11C.111794**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 200 CIVIC CENTER DR

City State Zip Code  
COLUMBUS OH 43215

FEC ID number of contributing federal political committee. **C C00051979**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11C.111733**

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
**NISOURCE INC. PAC**

Mailing Address 200 CIVIC CENTER DR

City State Zip Code  
COLUMBUS OH 43215

FEC ID number of contributing federal political committee. **C C00051979**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11C.111761**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
**OLD CASTLE MATERIALS INC. PAC**

Mailing Address 101 CONSTITUTION AVE 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11C.111251**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**OLD CASTLE MATERIALS INC. PAC**

Mailing Address 101 CONSTITUTION AVE NW  
SUITE 600W

City WASHINGTON State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11C.111704**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)**

Mailing Address 1015 15TH ST. NW SUITE 200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00323048**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
140.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : SA11C.111615**

Amount of Each Receipt this Period  
140.00

IN-KIND: EVENT FACILITY RENTAL

**C.** Full Name (Last, First, Middle Initial)  
**OSHKOSH CORPORATION EMPLOYEES**

Mailing Address PO BOX 2566

City OSHKOSH State WI Zip Code 54903

FEC ID number of contributing federal political committee. **C C00304477**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : SA11C.111753**

Amount of Each Receipt this Period  
2500.00

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

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

3640.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC POLITICAL ACTION COMMITTEE**

Mailing Address 1035 S SEMORAN BLVD STE 1045A

City State Zip Code  
WINTER PARK FL 32792

FEC ID number of contributing federal political committee. **C C00163212**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111685**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**OWNER OPERATOR INDEPENDENT DRIVERS**

Mailing Address 122 C ST NW  
SUITE 520

City State Zip Code  
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111674**

Amount of Each Receipt this Period  
4000.00

**C.** Full Name (Last, First, Middle Initial)  
**PATTON BOGGS POLITICAL ACTION COMMITTEE**

Mailing Address 2550 M STREET NW

City State Zip Code  
WASHINGTON DC 20037

FEC ID number of contributing federal political committee. **C C00401083**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.111791**

Amount of Each Receipt this Period  
5000.00

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

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

11500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PG&E CORPORATION EMPLOYEES ENERGY PAC**

Mailing Address **77 BEALE STREET**  
**PO BOX 770000 B29H**

City **SAN FRANCISCO** State **CA** Zip Code **94177**

FEC ID number of contributing federal political committee. **C C00177469**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		11		2015

**Transaction ID : SA11C.111542**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**PHILLIPS 66 PAC**

Mailing Address **670 ADAMS BUILDING**  
**411 SOUTH KEELER AVENUE**

City **BARTLESVILLE** State **OK** Zip Code **74003**

FEC ID number of contributing federal political committee. **C C00513549**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		12		2015

**Transaction ID : SA11C.111546**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**PPL PEOPLE FOR GOOD GOV'T PAC**

Mailing Address **TWO NORTH NINTH ST**

City **ALLENTOWN** State **PA** Zip Code **18101**

FEC ID number of contributing federal political committee. **C C00228106**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		30		2015

**Transaction ID : SA11C.111762**

Amount of Each Receipt this Period  
**1500.00**

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

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

**5000.00**

**5000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RAILWAY SUPPLY INSTITUTE**

Mailing Address 50 F ST NW SUITE 7030

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00261933**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11C.111534**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**RAYTHEON PAC**

Mailing Address 1100 WILSON BOULEVARD SUITE 1500

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : SA11C.111548**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address 1100 WILSON BOULEVARD SUITE 1500

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11C.111694**

Amount of Each Receipt this Period  
 1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 430 MICHIGAN AVE N

City State Zip Code  
CHICAGO IL 60611

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11C.111323**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 325 7TH ST NW  
LIBERTY PLACE SUITE 1100

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00040329

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11C.111758**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**RICE AMERICA PAC-REPUBLICANS IN CONGRESS EMPOWERING AMERICA**

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00566117

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.111764**

Amount of Each Receipt this Period  
2700.00

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROCKTENN POLITICAL ACTION COMMITTEE**

Mailing Address 504 THRASHER STREET

City NORCROSS State GA Zip Code 30071

FEC ID number of contributing federal political committee. **C** C00117424

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11C.111544**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ROCKWELL COLLINS EMPLOYEE PAC**

Mailing Address 1300 WILSON BLVD. STE. 200

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00365684

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.111792**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SALTCHUK RESOURCES INC. PAC**

Mailing Address 32001 32ND AVE S STE 200

City FEDERAL WAY State WA Zip Code 98001

FEC ID number of contributing federal political committee. **C** C00411694

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11C.111532**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 103 OF 180  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SEMPRA ENERGY EMPLOYEES PAC**

Mailing Address 101 ASH STREET

City State Zip Code  
SAN DIEGO CA 92101

FEC ID number of contributing federal political committee. **C C00008748**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SA11C.111700**

Amount of Each Receipt this Period  
2500.00

Amount of Each Receipt this Period  
3500.00

**B.** Full Name (Last, First, Middle Initial)  
**SNR DENTON US LLP POLITICAL ACTION COMMITTEE**

Mailing Address 1301 K STREET NW  
SUITE 600 EAST TOWER

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00216127**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SA11C.111672**

Amount of Each Receipt this Period  
2000.00

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**SOUTHERN COMPANY EMPLOYEES PAC**

Mailing Address 601 PENNSYLVANIA AVE NW

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00144774**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 08 / 2015

**Transaction ID : SA11C.111238**

Amount of Each Receipt this Period  
2500.00

Amount of Each Receipt this Period  
2500.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
SOUTHWEST AIRLINES PILOTS' ASSOCIATION POLITICAL ACTION COMMITTEE (SWAPA PAC)

Mailing Address 1450 EMPIRE CENTRAL DR SUITE 737

City State Zip Code  
DALLAS TX 75247

FEC ID number of contributing federal political committee. **C** C00360669

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11C.111425**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
STUPP BROS INC POLITICAL ACTION COMMITTEE (STUPP PAC)

Mailing Address 3800 WEBER ROAD

City State Zip Code  
ST LOUIS MO 63125

FEC ID number of contributing federal political committee. **C** C00554097

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111664**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 919 E MAIN STREET

City State Zip Code  
RICHMOND VA 23219

FEC ID number of contributing federal political committee. **C** C00386524

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11C.111427**

Amount of Each Receipt this Period  
2000.00

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

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

4500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TALEN ENERGY PAC**

Mailing Address 835 HAMILTON STREET  
STE 250

City ALLENTOWN State PA Zip Code 18101

FEC ID number of contributing federal political committee. **C** C00577874

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : SA11C.111547**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**TE CONNECTIVITY, INC. POLITICAL ACTION COMMITTEE TELPAC**

Mailing Address 607 14TH STREET NW  
STE. 250

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00433482

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11C.111788**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**TEXTRON INC. PAC**

Mailing Address 1101 PENNSYLVANIA AVE NE SUITE 400

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : SA11C.111549**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE BOEING COMPANY PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 02 / 2015	
Mailing Address 929 LONG BRIDGE DR		<b>Transaction ID : SA11C.111617</b>	
City ARLINGTON	State VA	Zip Code 22209	
FEC ID number of contributing federal political committee. C C00142711		Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8000.00		

Full Name (Last, First, Middle Initial) <b>B. THE BOEING COMPANY PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 02 / 2015	
Mailing Address 929 LONG BRIDGE DR		<b>Transaction ID : SA11C.111618</b>	
City ARLINGTON	State VA	Zip Code 22209	
FEC ID number of contributing federal political committee. C C00142711		Amount of Each Receipt this Period 500.00	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8000.00		

Full Name (Last, First, Middle Initial) <b>C. THE GOODYEAR TIRE &amp; RUBBER COMPANY GOOD GOVERNMENT FUND (GOODYEAR GOOD GOVERNMENT FUND)</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 200 INNOVATION WAY		<b>Transaction ID : SA11C.111789</b>	
City AKRON	State OH	Zip Code 44316	
FEC ID number of contributing federal political committee. C C00100131		Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THE NEW REPUBLICAN MAJORITY FUND**

Mailing Address P.O. BOX 53176

City State Zip Code  
WASHINGTON DC 20009

FEC ID number of contributing federal political committee. **C C00219220**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11C.111800**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**THE WILLIAMS COMPANIES INC PAC**

Mailing Address 1627 I STREET NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00040394**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11C.111732**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**TOM RICE FOR CONGRESS**

Mailing Address 1107 48TH AVE., N.  
SUITE 310-A

City State Zip Code  
MYRTLE BEACH SC 29577

FEC ID number of contributing federal political committee. **C C00506048**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11C.111766**

Amount of Each Receipt this Period  
2000.00

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TRINITY INDUSTRIES PAC**

Mailing Address 2525 STEMMONS FWY.

City State Zip Code  
DALLAS TX 75207

FEC ID number of contributing federal political committee. **C C00268904**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2015

**Transaction ID : SA11C.111236**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**TTX COMPANY EMPLOYEES**

Mailing Address 101 WACKER DR N

City State Zip Code  
CHICAGO IL 60606

FEC ID number of contributing federal political committee. **C C00138974**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11C.111543**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE**

Mailing Address 18354 QUANTICO GATEWAY DR  
SUITE 200

City State Zip Code  
TRIANGLE VA 22172

FEC ID number of contributing federal political committee. **C C00013342**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11C.111666**

Amount of Each Receipt this Period  
500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address 18354 QUANTICO GATEWAY DR  
SUITE 200

City State Zip Code  
TRIANGLE VA 22172

FEC ID number of contributing federal political committee. **C** C00013342

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

Transaction ID : SA11C.111667

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
UNITED STATES TELECOM ASSOCIATION POLITICAL ACTION COMMITTEE (TELECOMPAC)

Mailing Address 607 14TH STREET NORTHWEST  
SUITE 400

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000984

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

Transaction ID : SA11C.111705

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
UNITED TRANSPORTATION UNION PAC

Mailing Address 24950 COUNTRY CLUB BLVD-STE 340

City State Zip Code  
NORTH OLMSTED OH 44070

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015

Transaction ID : SA11C.111752

Amount of Each Receipt this Period  
 1000.00

**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 110 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 55 GLENLAKE PKWY NE

City ATLANTA State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11C.111537**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**USA RICE FEDERATION PAC**

Mailing Address 2101 WILSON BLVD.  
STE. 610

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C C00308478**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11C.111539**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATION INC GOOD GOV'T**

Mailing Address 1300 I ST NW  
SUITE 400 W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : SA11C.111746**

Amount of Each Receipt this Period  
**4000.00**

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

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

**6000.00**

**6000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 180
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**VIACOM INTERNATIONAL, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1501 M STREET  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00167759**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 31 2015

**Transaction ID : SA11C.111796**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**WALMART STORES INC. PAC**

Mailing Address 702 8TH ST SW

City BENTONVILLE State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 11 2015

**Transaction ID : SA11C.111541**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**YRC WORLDWIDE INC PAC**

Mailing Address 10990 ROE AVENUE

City OVERLAND PARK State KS Zip Code 66211

FEC ID number of contributing federal political committee. **C C00090209**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 21 2015

**Transaction ID : SA11C.111756**

Amount of Each Receipt this Period  
 1000.00

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

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

3500.00

234590.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 814 CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 5827 COLFAX AVE.		Amount of Each Disbursement this Period 7376.55 <b>Transaction ID : SB17.111342</b>
City ALEXANDRIA	State VA	
Zip Code 22311	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. 814 CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 5827 COLFAX AVE.		Amount of Each Disbursement this Period 13175.01 <b>Transaction ID : SB17.111619</b>
City ALEXANDRIA	State VA	
Zip Code 22311	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 7.00 <b>Transaction ID : SB17.111585</b>
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20558.56
<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 113 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 120.78 <b>Transaction ID : SB17.111586</b>
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 1350.26 <b>Transaction ID : SB17.111587</b>
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement TAXES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 3626.17 <b>Transaction ID : SB17.111588</b>
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement SEE MEMO ENTRIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5097.21
<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 114 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MS. JENNIFER MEARKLE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address 3022 BROAD AVE		Amount of Each Disbursement this Period 171.18
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement SALARY	
Candidate Name	001 Category/Type	Transaction ID : SB17.111806  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. BRITTANY PSYHOGIOS-SMITH</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address 700 S. COURTHOUSE RD. #404		Amount of Each Disbursement this Period 834.60
City ARLINGTON State VA Zip Code 22204	Purpose of Disbursement SALARY	
Candidate Name	001 Category/Type	Transaction ID : SB17.111807  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM STRAESSER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address PO BOX 1023		Amount of Each Disbursement this Period 2620.39
City ALTOONA State PA Zip Code 16603	Purpose of Disbursement SALARY	
Candidate Name	001 Category/Type	Transaction ID : SB17.111808  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 115 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 7.00
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL FEES	<b>Transaction ID : SB17.111589</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 120.78
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL FEES	<b>Transaction ID : SB17.111590</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 2141.50
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL TAXES	<b>Transaction ID : SB17.111607</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2269.28
<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 116 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 3642.27
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement SEE MEMO ENTRY	<b>Transaction ID : SB17.111608</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JOEY BROWN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 210 BIG POND RD		Amount of Each Disbursement this Period 3642.27
City SHIPPENSBURG	State PA	
Zip Code 17257	Purpose of Disbursement SALARY	<b>Transaction ID : SB17.111810</b> <b>[MEMO ITEM]</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 7.00
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL FEES	<b>Transaction ID : SB17.111606</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3649.27
<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 117 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 115.28 <b>Transaction ID : SB17.111811</b>
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 2291.74 <b>Transaction ID : SB17.111812</b>
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL TAXES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 5573.58 <b>Transaction ID : SB17.111813</b>
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement SEE MEMO ENTRIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7980.60
<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 118 OF 180			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JOEY BROWN</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015		
Mailing Address 210 BIG POND RD			Amount of Each Disbursement this Period 1947.44		
City SHIPPENSBURG	State PA	Zip Code 17257	Transaction ID : SB17.111814		
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. MS. JENNIFER MEARKLE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015		
Mailing Address 3022 BROAD AVE			Amount of Each Disbursement this Period 171.18		
City ALTOONA	State PA	Zip Code 16601	Transaction ID : SB17.111815		
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. BRITTANY PSYHOGIOS-SMITH</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015		
Mailing Address 700 S. COURTHOUSE RD. #404			Amount of Each Disbursement this Period 834.60		
City ARLINGTON	State VA	Zip Code 22204	Transaction ID : SB17.111816		
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 119 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. WILLIAM STRAESSER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 2620.36	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.111817	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015	
Mailing Address 1 ADP BLVD			Amount of Each Disbursement this Period 120.78	
City ROSELAND	State NJ	Zip Code 07068	Transaction ID : SB17.111827	
Purpose of Disbursement PAYROLL FEES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015	
Mailing Address 1 ADP BLVD			Amount of Each Disbursement this Period 2205.30	
City ROSELAND	State NJ	Zip Code 07068	Transaction ID : SB17.111828	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2326.08
<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 120 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 5573.76
City ROSELAND	State NJ	
Purpose of Disbursement SEE MEMO ENTRIES	Zip Code 07068	<b>Transaction ID : SB17.111829</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JOEY BROWN</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 210 BIG POND RD		Amount of Each Disbursement this Period 1947.44
City SHIPPENSBURG	State PA	
Purpose of Disbursement SALARY	Zip Code 17257	<b>Transaction ID : SB17.111830</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MS. JENNIFER MEARKLE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 3022 BROAD AVE		Amount of Each Disbursement this Period 171.26
City ALTOONA	State PA	
Purpose of Disbursement SALARY	Zip Code 16601	<b>Transaction ID : SB17.111831</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5573.76
<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 121 OF 180			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BRITTANY PSYHOGIOS-SMITH</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015	
Mailing Address 700 S. COURTHOUSE RD. #404			Amount of Each Disbursement this Period 834.60	
City ARLINGTON	State VA	Zip Code 22204	Transaction ID : SB17.111832	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MR. WILLIAM STRAESSER</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 2620.46	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.111833	
Purpose of Disbursement SALARY		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ALLEGHENY TRAILRUNNERS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015	
Mailing Address 2908 3RD AVE			Amount of Each Disbursement this Period 250.00	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.111460	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	250.00
<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 122 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 4502.74
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement SEE MEMO ENTRIES	<b>Transaction ID : SB17.111368</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CIGAR BAR</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 1001 LAFAYETTE DRIVE		Amount of Each Disbursement this Period 477.24
City FARMINGTON	State PA	
Zip Code 15437	Purpose of Disbursement EVENT SUPPLIES	<b>Transaction ID : SB17.111370</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SCHNEIDERS OF CAPITOL HILL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 300 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 181.49
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement EVENT CATERING	<b>Transaction ID : SB17.111371</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4502.74
<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 123 OF 180			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. POTBELLY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 1275 1ST STREET NE BLD 1 STE. J			Amount of Each Disbursement this Period 172.43
City WASHINGTON	State DC	Zip Code 20002	Transaction ID : SB17.111372 <b>[MEMO ITEM]</b>
Purpose of Disbursement MEETING EXPENSE		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. FALLINGWATER</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address PO BOX R			Amount of Each Disbursement this Period 450.00
City MILL RUN	State PA	Zip Code 15464	Transaction ID : SB17.111373 <b>[MEMO ITEM]</b>
Purpose of Disbursement LODGING		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. PARK HILLS COUNTRY CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 219 HIGHLAND TERRACE			Amount of Each Disbursement this Period 693.01
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.111375 <b>[MEMO ITEM]</b>
Purpose of Disbursement EVENT CATERING		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 124 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 5620 UNIVERSITY PKWY			Amount of Each Disbursement this Period 479.20	
City WINSTON SALEM	State NC	Zip Code 27105	Transaction ID : SB17.111376	
Purpose of Disbursement AIRFARE		Category/ Type 001		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. RISTORANTE TOSCA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 1112 F STREET NW			Amount of Each Disbursement this Period 194.25	
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SB17.111377	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. FIOLA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 601 PENNSYLVANIA AVENUE NW			Amount of Each Disbursement this Period 374.60	
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SB17.111378	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 125 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 400 N CAPITOL STREET NW		Amount of Each Disbursement this Period 160.00
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.111380  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. MAX DOWNTOWN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 185 ASYLUM ST		Amount of Each Disbursement this Period 1100.00
City HARTFORD State CT Zip Code 06103	Purpose of Disbursement EVENT CATERING 001 Category/Type	
Candidate Name		Transaction ID : SB17.111382  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. HARRIS TEETER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 600 NORTH GLEBE ROAD		Amount of Each Disbursement this Period 214.86
City ARLINGTON State VA Zip Code 22203	Purpose of Disbursement EVENT SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.111384  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 126 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 15534.88
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement SEE MEMO ENTRIES	<b>Transaction ID : SB17.111385</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHEETZ INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 102.04
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement TRAVEL EXPENSE	<b>Transaction ID : SB17.111386</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 300 FIRST STREET SE		Amount of Each Disbursement this Period 379.54
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement MEETING EXPENSE	<b>Transaction ID : SB17.111387</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15534.88
<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 127 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HILL COUNTRY BBQ</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 410 7TH STREET NW			Amount of Each Disbursement this Period 1549.38	
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SB17.111389	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. RISTORANTE TOSCA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 1112 F STREET NW			Amount of Each Disbursement this Period 647.62	
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SB17.111390	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. COURTYARD BY MARRIOTT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 2 CONVENTION CENTER BLVD			Amount of Each Disbursement this Period 262.41	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.111391	
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 128 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NEMACOLIN WOODLANDS RESORT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 1001 LAFAYETTE DRIVE			Amount of Each Disbursement this Period 1338.07	
City FARMINGTON	State PA	Zip Code 15437	Transaction ID : SB17.111392	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 5620 UNIVERSITY PKWY			Amount of Each Disbursement this Period 939.30	
City WINSTON SALEM	State NC	Zip Code 27105	Transaction ID : SB17.111393	
Purpose of Disbursement AIRFARE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CAPITAL GRILLE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 601 PENNSYLVANIA AVE. NW			Amount of Each Disbursement this Period 508.90	
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SB17.111394	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 129 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LUPO VERDE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 1401 T ST NW			Amount of Each Disbursement this Period 240.75	
City WASHINGTON	State DC	Zip Code 20009	Transaction ID : SB17.111395	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CAPITOL HILL SUITES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 200 C STREET SE			Amount of Each Disbursement this Period 833.56	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.111396	
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CORCORAN CATERERS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 2401 MONTGOMERY ST			Amount of Each Disbursement this Period 730.40	
City SILVER SPRING	State MD	Zip Code 20910	Transaction ID : SB17.111397	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 130 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MARRIOTT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 111 CRAWFORD AVENUE			Amount of Each Disbursement this Period 756.23	
City CONSHOHOCKEN	State PA	Zip Code 19428	Transaction ID : SB17.111399	
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. DOUBLETREE HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 11915 EL CAMINO REAL			Amount of Each Disbursement this Period 308.36	
City SAN DIEGO	State CA	Zip Code 92130	Transaction ID : SB17.111400	
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. CAMBRIA SUITES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 899 O ST NW			Amount of Each Disbursement this Period 667.46	
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SB17.111401	
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 131 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FIOLA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 601 PENNSYLVANIA AVENUE NW			Amount of Each Disbursement this Period 140.00	
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SB17.111402	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ACQUA AL 2</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 212 7TH STREET SOUTHEAST			Amount of Each Disbursement this Period 4269.50	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.111403	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address PO BOX 619612 MD 2400			Amount of Each Disbursement this Period 1004.84	
City DALLAS	State TX	Zip Code 75261	Transaction ID : SB17.111404	
Purpose of Disbursement AIRFARE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 132 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CVS PHARMACY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 3200 PLEASANT VALLEY BLVD		Amount of Each Disbursement this Period 77.97
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.111405 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. EPIPHANY PRODUCTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 104 HUME AVE		Amount of Each Disbursement this Period 250.00
City ALEXANDRIA State VA Zip Code 22301	Purpose of Disbursement FUNDRAISING CONSULTING 001 Category/Type	
Candidate Name		Transaction ID : SB17.111406 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 7.95
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement CC TRANSACTION FEES 001 Category/Type	
Candidate Name		Transaction ID : SB17.111583
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7.95
<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 133 OF 180			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 342.40	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.111584	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 2410.76	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.111630	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address 800 MARKET STREET 7TH FLOOR			Amount of Each Disbursement this Period 109.30	
City SAN FRANCISCO	State CA	Zip Code 94115	Transaction ID : SB17.111642	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2753.16
<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 134 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 400 N CAPITOL STREET NW		Amount of Each Disbursement this Period 158.00
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.111643 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 60.00
City ALBANY State NY Zip Code 12212	Purpose of Disbursement TELEPHONE	Transaction ID : SB17.111644 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. APPLE STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 1100 S HAYES STREET LOT P04-A		Amount of Each Disbursement this Period 1892.10
City ARLINGTON State VA Zip Code 22202	Purpose of Disbursement OFFICE EQUIPMENT	Transaction ID : SB17.111645 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 135 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 13.76
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type 001	Transaction ID : SB17.111646 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 5329.02
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement SEE MEMO ENTRIES	
Candidate Name	Category/Type 001	Transaction ID : SB17.111631
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 300 FIRST STREET SE		Amount of Each Disbursement this Period 400.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type 001	Transaction ID : SB17.111632 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5329.02
<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 136 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MERITAGE RESORT</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address 875 BORDEAUX WAY			Amount of Each Disbursement this Period 1910.01	
City NAPA	State CA	Zip Code 94558	Transaction ID : SB17.111633	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. RESIDENCE INN</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address 333 E ST SW			Amount of Each Disbursement this Period 310.70	
City WASHINGTON	State DC	Zip Code 20024	Transaction ID : SB17.111634	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. EXXON</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address 542 SOUTH CENTER STREET			Amount of Each Disbursement this Period 128.35	
City EBENSBURG	State PA	Zip Code 15931	Transaction ID : SB17.111635	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 137 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE WESTIN</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address 1114 WASHINGTON BOULEVARD			Amount of Each Disbursement this Period 1009.21	
City DETROIT	State MI	Zip Code 48226	Transaction ID : SB17.111636 <b>[MEMO ITEM]</b>	
Purpose of Disbursement LODGING		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. TAYLOR GOURMET</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address 485 K ST NW			Amount of Each Disbursement this Period 619.09	
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SB17.111638 <b>[MEMO ITEM]</b>	
Purpose of Disbursement EVENT CATERING		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address PO BOX 619612 MD 2400			Amount of Each Disbursement this Period 948.11	
City DALLAS	State TX	Zip Code 75261	Transaction ID : SB17.111640 <b>[MEMO ITEM]</b>	
Purpose of Disbursement AIRFARE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 138 OF 180			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 22.55	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.111826	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2015	
Mailing Address 5555 HILTON STE 106			Amount of Each Disbursement this Period 186.10	
City BATON ROGUE	State LA	Zip Code 70808	Transaction ID : SB17.111809	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015	
Mailing Address 5555 HILTON STE 106			Amount of Each Disbursement this Period 98.70	
City BATON ROGUE	State LA	Zip Code 70808	Transaction ID : SB17.111582	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	307.35
<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 139 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 5555 HILTON STE 106		Amount of Each Disbursement this Period 19.80 <b>Transaction ID : SB17.111825</b>
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ATLANTIC BROADBAND</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address BOX 371801		Amount of Each Disbursement this Period 355.94 <b>Transaction ID : SB17.111343</b>
City PITTSBURGH	State PA	
Zip Code 15250	Purpose of Disbursement INTERNET	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ATLANTIC BROADBAND</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address BOX 371801		Amount of Each Disbursement this Period 357.55 <b>Transaction ID : SB17.111507</b>
City PITTSBURGH	State PA	
Zip Code 15250	Purpose of Disbursement INTERNET	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	733.29
<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 140 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ATLANTIC BROADBAND</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address BOX 371801		Amount of Each Disbursement this Period 356.56 <b>Transaction ID : SB17.111740</b>
City PITTSBURGH	State PA	
Zip Code 15250	Purpose of Disbursement INTERNET	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. B&amp;G CLUB OF CHAMBERSBURG &amp; SHIPPENSBURG</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 440 W WASHINGTON ST		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.111479</b>
City CHAMBERSBURG	State PA	
Zip Code 17201	Purpose of Disbursement EVENT TICKETS	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BEDFORD CO REPUBLICAN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 157 EAST FIRST AVENUE		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.111554</b>
City EVERETT	State PA	
Zip Code 15537	Purpose of Disbursement EVENT TICKETS	Category/ Type 001
Candidate Name <b>BEDFORD CO REPUBLICAN COMMITTEE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1056.56
<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 141 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BEDFORD CO. CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015	
Mailing Address 125 S. JULIANA STREET			Amount of Each Disbursement this Period 200.00	
City BEDFORD	State PA	Zip Code 15522	Transaction ID : SB17.111508	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BENZELS BRETZEL BAKERY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015	
Mailing Address 5200 SIXTH AVENUE			Amount of Each Disbursement this Period 80.00	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.111344	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BENZELS BRETZEL BAKERY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015	
Mailing Address 5200 SIXTH AVENUE			Amount of Each Disbursement this Period 80.00	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.111461	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	360.00
<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 142 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BENZELS BRETZEL BAKERY</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015	
Mailing Address 5200 SIXTH AVENUE			Amount of Each Disbursement this Period 110.00	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.111555	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015	
Mailing Address 2101 L STREET NW STE. 1000			Amount of Each Disbursement this Period 29249.46	
City WASHINGTON	State DC	Zip Code 20037	Transaction ID : SB17.111345	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015	
Mailing Address 2101 L STREET NW STE. 1000			Amount of Each Disbursement this Period 1500.00	
City WASHINGTON	State DC	Zip Code 20037	Transaction ID : SB17.111480	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30859.46
<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 143 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address 2101 L STREET NW STE. 1000			Amount of Each Disbursement this Period 1500.00	
City WASHINGTON	State DC	Zip Code 20037	Transaction ID : SB17.111624	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BIG A BOOSTER CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015	
Mailing Address 1415 SIXTH AVENUE			Amount of Each Disbursement this Period 300.00	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.111481	
Purpose of Disbursement ADVERTISING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BKZ CONSULTING INC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015	
Mailing Address PO BOX 577832			Amount of Each Disbursement this Period 3232.26	
City CHICAGO	State IL	Zip Code 60657	Transaction ID : SB17.111545	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5032.26
<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 144 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BLAIR CO CONVENTION CENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address ONE CONVENTION CENTER DRIVE		Amount of Each Disbursement this Period 6291.48 <b>Transaction ID : SB17.111462</b>
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement EVENT CATERING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BLAIR CO REPUBLICAN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address C/O BETH BRITZ 1009 NEWRY LANE		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.111620</b>
City DUNCANVILLE State PA Zip Code 16635	Purpose of Disbursement EVENT SPONSORSHIP 001 Category/Type	
Candidate Name <b>BLAIR CO REPUBLICAN COMMITTEE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MARK BROADRICK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 301 SEAWAT AVENUE		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.111695</b>
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement OFFICE RENT 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10191.48
<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 145 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JOEY BROWN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 210 BIG POND RD		Amount of Each Disbursement this Period 1272.32
City SHIPPENSBURG	State PA Zip Code 17257	
Purpose of Disbursement MILEAGE	Category/Type 001	<b>Transaction ID : SB17.111560</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NANCY BULL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 322 RIDGE AVENUE		Amount of Each Disbursement this Period 265.30
City WAYNESBORO	State PA Zip Code 17268	
Purpose of Disbursement SEE MEMO ENTRIES	Category/Type 001	<b>Transaction ID : SB17.111485</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NANCY BULL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 322 RIDGE AVENUE		Amount of Each Disbursement this Period 193.05
City WAYNESBORO	State PA Zip Code 17268	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type 001	<b>Transaction ID : SB17.111486</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1537.62
<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 146 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NANCY BULL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 322 RIDGE AVENUE		Amount of Each Disbursement this Period 1132.78
City WAYNESBORO State PA Zip Code 17268	Purpose of Disbursement SEE MEMO ENTRIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.111741
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 400 N CAPITOL STREET NW		Amount of Each Disbursement this Period 236.00
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.111742 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. DOUBLETREE HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 11915 EL CAMINO REAL		Amount of Each Disbursement this Period 739.10
City SAN DIEGO State CA Zip Code 92130	Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.111743 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1132.78
<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 147 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ERIC BURGESON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015	
Mailing Address 2403 N. UTAH ST.			Amount of Each Disbursement this Period 227.10	
City ARLINGTON	State VA	Zip Code 22207	Transaction ID : SB17.111340	
Purpose of Disbursement SEE MEMO ENTRY		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ENTERPRISE RENT-A-CAR</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015	
Mailing Address 1525 KENWOOD AVENUE			Amount of Each Disbursement this Period 227.10	
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SB17.111341	
Purpose of Disbursement CAR RENTAL		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ERIC BURGESON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015	
Mailing Address 2403 N. UTAH ST.			Amount of Each Disbursement this Period 105.58	
City ARLINGTON	State VA	Zip Code 22207	Transaction ID : SB17.111463	
Purpose of Disbursement SEE MEMO ENTRY		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	332.68
<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 148 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UBER TECHNOLOGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 800 MARKET STREET 7TH FLOOR		Amount of Each Disbursement this Period 236.86 Transaction ID : SB17.111464
City SAN FRANCISCO State CA Zip Code 94115	Purpose of Disbursement TRANSPORTATION 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ERIC BURGESON</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 2403 N. UTAH ST.		Amount of Each Disbursement this Period 236.86 Transaction ID : SB17.111610
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement SEE MEMO ENTRY 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 236.86 Transaction ID : SB17.111611
City ALBANY State NY Zip Code 12212	Purpose of Disbursement TELEPHONE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	236.86
<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 149 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 300 FIRST STREET SE		Amount of Each Disbursement this Period 757.63 <b>Transaction ID : SB17.111625</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement EVENT CATERING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 116.50 <b>Transaction ID : SB17.111575</b>
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 794.54 <b>Transaction ID : SB17.111576</b>
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1668.67
<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 150 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 114.25 <b>Transaction ID : SB17.111577</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 24.75 <b>Transaction ID : SB17.111578</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 10.25 <b>Transaction ID : SB17.111818</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	149.25
<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 151 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 99.99 <b>Transaction ID : SB17.111824</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 228.75 <b>Transaction ID : SB17.111823</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CASEY CONTRES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 2213 7TH AVE APT. A		Amount of Each Disbursement this Period 99.99 <b>Transaction ID : SB17.111361</b>
City ALTOONA	State PA Zip Code 16602	
Purpose of Disbursement OFFICE SUPPLIES NO ITEMIZATION NECESSARY	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	523.99
<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 152 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. COPY RITE &amp; BANNER ZONE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 301 ALLEGHENY STREET		Amount of Each Disbursement this Period 68.96
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement PRINTING	<b>Transaction ID : SB17.111556</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ELECTEKUSA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 2313.40
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement SOFTWARE	<b>Transaction ID : SB17.111346</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ELECTEKUSA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 2341.80
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement SOFTWARE	<b>Transaction ID : SB17.111509</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4724.16
<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 153 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ELECTEKUSA</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 3215.04 <b>Transaction ID : SB17.111626</b>
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement SOFTWARE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. FCMC FOUNDATION</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 214 PEACH ORCHARD ROAD		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.111557</b>
City MCCONNELLSBURG	State PA	
Zip Code 17233	Purpose of Disbursement EVENT TICKETS	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. FIRST COMMONWEALTH BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address CREDIT CARD DEPT PO BOX 0537		Amount of Each Disbursement this Period 531.11 <b>Transaction ID : SB17.111470</b>
City INDIANA	State PA	
Zip Code 15701	Purpose of Disbursement SEE MEMO ENTRIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3146.15
<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 154 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHEETZ INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 120.52
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	001 Category/Type	Transaction ID : SB17.111471 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. EXXON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 542 SOUTH CENTER STREET		Amount of Each Disbursement this Period 23.51
City EBENSBURG State PA Zip Code 15931	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	001 Category/Type	Transaction ID : SB17.111472 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 19.07
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	001 Category/Type	Transaction ID : SB17.111476 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 155 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FIRST COMMONWEALTH BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address CREDIT CARD DEPT PO BOX 0537			Amount of Each Disbursement this Period 913.94 <b>Transaction ID : SB17.111562</b>
City INDIANA	State PA	Zip Code 15701	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. SHEETZ INC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 5700 SIXTH AVENUE			Amount of Each Disbursement this Period 153.33 <b>Transaction ID : SB17.111563</b> <b>[MEMO ITEM]</b>
City ALTOONA	State PA	Zip Code 16602	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. JOHN STUCKEY FORD</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 500 BROAD STREET			Amount of Each Disbursement this Period 45.63 <b>Transaction ID : SB17.111564</b> <b>[MEMO ITEM]</b>
City HOLLIDAYSBURG	State PA	Zip Code 16648	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	913.94
<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 156 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 525 ALLEGHENY STREET		Amount of Each Disbursement this Period 49.00
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement POSTAGE	Transaction ID : SB17.111568
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US FLAG STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 1000 WESTINGHOUSE DRIVE		Amount of Each Disbursement this Period 110.00
City NEW STANTON	State PA	
Zip Code 15672	Purpose of Disbursement FLAGS	Transaction ID : SB17.111569
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EXXON</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 542 SOUTH CENTER STREET		Amount of Each Disbursement this Period 23.51
City EBENSBURG	State PA	
Zip Code 15931	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.111571
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 157 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 410.77
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.111572 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. TOM AND JOES RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 1201 13TH AVENUE		Amount of Each Disbursement this Period 34.10
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.111573 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. FORD CREDIT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address BOX 220564		Amount of Each Disbursement this Period 410.77
City PITTSBURGH State PA Zip Code 15257	Purpose of Disbursement CAMPAIGN CAR 001 Category/Type	
Candidate Name		Transaction ID : SB17.111240
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	410.77
<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)	PAGE 158 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FORD CREDIT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address BOX 220564		Amount of Each Disbursement this Period 410.77 <b>Transaction ID : SB17.111506</b>
City PITTSBURGH	State PA	
Zip Code 15257	Purpose of Disbursement CAMPAIGN VEHICLE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. FORD CREDIT</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address BOX 220564		Amount of Each Disbursement this Period 410.77 <b>Transaction ID : SB17.111822</b>
City PITTSBURGH	State PA	
Zip Code 15257	Purpose of Disbursement CAMPAIGN VEHICLE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. FRANKLIN CO REPUBLICAN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address SUITE 293 SOUTH GATE MALL		Amount of Each Disbursement this Period 261.78 <b>Transaction ID : SB17.111465</b>
City CHAMBERSBURG	State PA	
Zip Code 17201	Purpose of Disbursement OFFICE SPACE RENTAL	Category/ Type 001
Candidate Name <b>FRANKLIN CO REPUBLICAN COMMITTEE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1083.32
<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 159 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GETTY SUGAR PAW BLESSINGS</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2015</b>	
Mailing Address <b>207 LOGAN BLVD</b>			Amount of Each Disbursement this Period <b>400.00</b>	
City <b>ALTOONA</b>	State <b>PA</b>	Zip Code <b>16602</b>	Transaction ID : <b>SB17.111347</b>	
Purpose of Disbursement <b>EVENT TICKETS</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. HUNTINGDON COUNTY GOP</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 02 / 2015</b>	
Mailing Address <b>PO BOX 61</b>			Amount of Each Disbursement this Period <b>150.00</b>	
City <b>HUNTINGDON</b>	State <b>PA</b>	Zip Code <b>16652</b>	Transaction ID : <b>SB17.111482</b>	
Purpose of Disbursement <b>ADVERTISING</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. HUNTINGDON COUNTY GOP</b>			Date of Disbursement M M / D D / Y Y Y Y <b>12 / 07 / 2015</b>	
Mailing Address <b>PO BOX 61</b>			Amount of Each Disbursement this Period <b>250.00</b>	
City <b>HUNTINGDON</b>	State <b>PA</b>	Zip Code <b>16652</b>	Transaction ID : <b>SB17.111627</b>	
Purpose of Disbursement <b>EVENT TICKETS</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>800.00</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)		PAGE 160 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LAUREL HIGHLANDS COUNCIL BSA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 201 W. HIGH STREET STE. 1		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.111348</b>
City EBENSBURG	State PA	
Zip Code 15931	Purpose of Disbursement ADVERTISING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. LEXINGTON BRASS CORP.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address PO BOX 597		Amount of Each Disbursement this Period 13146.65 <b>Transaction ID : SB17.111656</b>
City SAYVILLE	State NY	
Zip Code 11782	Purpose of Disbursement EVENT ENTERTAINMENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MAVERICK FINANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 403 N SECOND STREET 2ND FL		Amount of Each Disbursement this Period 4245.33 <b>Transaction ID : SB17.111349</b>
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17491.98
<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 161 OF 180			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MAVERICK FINANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 403 N SECOND STREET 2ND FL		Amount of Each Disbursement this Period 4000.00
City HARRISBURG State PA Zip Code 17101	Purpose of Disbursement FUNDRAISING CONSULTING 001 Category/Type	
Candidate Name		<b>Transaction ID : SB17.111484</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MAVERICK FINANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 403 N SECOND STREET 2ND FL		Amount of Each Disbursement this Period 5205.00
City HARRISBURG State PA Zip Code 17101	Purpose of Disbursement FUNDRAISING CONSULTING 001 Category/Type	
Candidate Name		<b>Transaction ID : SB17.111510</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MAVERICK FINANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 403 N SECOND STREET 2ND FL		Amount of Each Disbursement this Period 982.53
City HARRISBURG State PA Zip Code 17101	Purpose of Disbursement FUNDRAISING CONSULTING 001 Category/Type	
Candidate Name		<b>Transaction ID : SB17.111561</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10187.53
<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 162 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MAVERICK FINANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 403 N SECOND STREET 2ND FL		Amount of Each Disbursement this Period 4000.00
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement FUNDRAISING CONSULTING	<b>Transaction ID : SB17.111621</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MAVERICK FINANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 403 N SECOND STREET 2ND FL		Amount of Each Disbursement this Period 758.41
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement FUNDRAISING CONSULTING	<b>Transaction ID : SB17.111696</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MS. JENNIFER MEARKLE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 3022 BROAD AVE		Amount of Each Disbursement this Period 41.80
City ALTOONA	State PA	
Zip Code 16601	Purpose of Disbursement MILEAGE REIMBURSEMENT	<b>Transaction ID : SB17.111483</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4800.21
<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 163 OF 180			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL ASSOCIATION OF REALTORS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015	
Mailing Address 500 NEW JERSEY AVE			Amount of Each Disbursement this Period 300.00	
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SB17.111612	
Purpose of Disbursement EVENT FACILITY RENTAL		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. NBCRC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015	
Mailing Address PO BOX 118			Amount of Each Disbursement this Period 500.00	
City TIPTON	State PA	Zip Code 16684	Transaction ID : SB17.111350	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ROGER OSBAUGH</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205			Amount of Each Disbursement this Period 79.98	
City WAYNESBORO	State PA	Zip Code 17268	Transaction ID : SB17.111363	
Purpose of Disbursement SEE MEMO ENTRY		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	879.98
<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 164 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DOLLAR GENERAL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 904 BLAIR ST		Amount of Each Disbursement this Period 79.98
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement CELL PHONE	Transaction ID : SB17.111364
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PENNSYLVANIA ASSOCIATION OF NOTARIES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 14 WOOD STREET		Amount of Each Disbursement this Period 399.58
City PITTSBURGH	State PA	
Zip Code 15222	Purpose of Disbursement OFFICE EXPENSE	Transaction ID : SB17.111466
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RED MAVERICK MEDIA LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 401 N. SECOND STREET		Amount of Each Disbursement this Period 200.70
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement ROBO CALLS	Transaction ID : SB17.111511
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	600.28
<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 165 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. S&amp;T BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 80.00 <b>Transaction ID : SB17.111579</b>
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement BANK FEES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. S&amp;T BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 80.00 <b>Transaction ID : SB17.111580</b>
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement BANK FEES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. S&amp;T BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 80.00 <b>Transaction ID : SB17.111821</b>
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement BANK FEES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	240.00
<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 166 OF 180			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. S&amp;T BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 10.00
City ALTOONA	State PA Zip Code 16602	
Purpose of Disbursement BANK FEES	Category/Type 001	<b>Transaction ID : SB17.111820</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STATE FARM INSURANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 715 LEXINGTON AVENUE		Amount of Each Disbursement this Period 1004.62
City ALTOONA	State PA Zip Code 16601	
Purpose of Disbursement INSURANCE	Category/Type 001	<b>Transaction ID : SB17.111365</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STATE FARM INSURANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 715 LEXINGTON AVENUE		Amount of Each Disbursement this Period 494.82
City ALTOONA	State PA Zip Code 16601	
Purpose of Disbursement INSURANCE	Category/Type 001	<b>Transaction ID : SB17.111613</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1509.44
<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 167 OF 180			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. WILLIAM STRAESSER</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 2369.98	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.111351	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MR. WILLIAM STRAESSER</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 915.04	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.111352	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015	
Mailing Address PLANK ROAD/ORCHARD PLAZA			Amount of Each Disbursement this Period 8.26	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.111353	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2369.98
<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 168 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BEDFORD CO. VETERANS &amp; CITIZENS-HEROES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015	
Mailing Address 200 S JULIANA ST			Amount of Each Disbursement this Period 760.00	
City BEDFORD	State PA	Zip Code 15522	Transaction ID : SB17.111354	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. JAFFA GUN RAFFLE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015	
Mailing Address PO BOX 1984			Amount of Each Disbursement this Period 100.00	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.111355	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF NRA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015	
Mailing Address 298 MORGANTOWN ST.			Amount of Each Disbursement this Period 300.00	
City UNIONTOWN	State PA	Zip Code 15401	Transaction ID : SB17.111356	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 169 OF 180			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NEW LOOK UNIFORMS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 800 S 20TH		Amount of Each Disbursement this Period 89.00
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement PROMOTIONAL ITEMS: SHIRTS	Category/Type 001	
Candidate Name		Transaction ID : SB17.111357
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 525 ALLEGHENY STREET		Amount of Each Disbursement this Period 5.75
City HOLLIDAYSBURG	State PA	Zip Code 16648
Purpose of Disbursement POSTAGE	Category/Type 001	
Candidate Name		Transaction ID : SB17.111358
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM STRAESSER</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address PO BOX 1023		Amount of Each Disbursement this Period 2869.11
City ALTOONA	State PA	Zip Code 16603
Purpose of Disbursement SEE MEMO ENTRIES	Category/Type 001	
Candidate Name		Transaction ID : SB17.111490
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2869.11
<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 170 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. WILLIAM STRAESSER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 1412.88	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.111491	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. HUNTINGDON COUNTY GOP</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015	
Mailing Address PO BOX 61			Amount of Each Disbursement this Period 125.00	
City HUNTINGDON	State PA	Zip Code 16652	Transaction ID : SB17.111494	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. SUPER 8 MOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015	
Mailing Address 16805 BLAKE RD			Amount of Each Disbursement this Period 165.62	
City HAGERSTOWN	State MD	Zip Code 21740	Transaction ID : SB17.111495	
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 171 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EVERETT VARSITY BOYS SOCCER BOOSTER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015	
Mailing Address 1180 PITTMAN HOLLOW RD			Amount of Each Disbursement this Period 350.00	
City EVERETT	State PA	Zip Code 15537	Transaction ID : SB17.111496	
Purpose of Disbursement EVENT SPONSOR		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SOMERSET CO REPUBLICAN COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015	
Mailing Address PO BOX 401			Amount of Each Disbursement this Period 100.00	
City SOMERSET	State PA	Zip Code 15501	Transaction ID : SB17.111500	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	[MEMO ITEM]	
Candidate Name <b>SOMERSET CO REPUBLICAN COMMITTEE</b>				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SAXTON MARKET</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015	
Mailing Address 509 MAIN ST #102			Amount of Each Disbursement this Period 195.46	
City SAXTON	State PA	Zip Code 16678	Transaction ID : SB17.111505	
Purpose of Disbursement EVENT SUPPLIES		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 172 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. WILLIAM STRAESSER</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 2255.31	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.111629	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MR. WILLIAM STRAESSER</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 1071.84	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.111647	
Purpose of Disbursement MILEAGE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. KTAADN GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address 850 29TH STREET			Amount of Each Disbursement this Period 109.71	
City ALTOONA	State PA	Zip Code 16601	Transaction ID : SB17.111648	
Purpose of Disbursement OFFICE EQUIPMENT REPAIR		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2255.31
<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 173 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MARZONI'S</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 165 PATCHWAY ROAD		Amount of Each Disbursement this Period 142.94
City DUNCANSVILLE	State PA	
Zip Code 16635	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.111649
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DUCKS UNLIMITED</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 21 BRANDT BLVD		Amount of Each Disbursement this Period 160.00
City LANDISVILLE	State PA	
Zip Code 17538	Purpose of Disbursement EVENT SUPPLIES	Transaction ID : SB17.111651
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 525 ALLEGHENY STREET		Amount of Each Disbursement this Period 15.55
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement SHIPPING	Transaction ID : SB17.111654
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 174 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MATT STURGES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 6021 LOMACK COURT		Amount of Each Disbursement this Period 1137.26
City ALEXANDRIA State VA Zip Code 22312	Purpose of Disbursement SEE MEMO ENTRIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.111711
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. KIMBERLY HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 145 EAST 50TH STREET		Amount of Each Disbursement this Period 1137.26
City NEW YORK State NY Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.111712 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. THE TARRANCE GROUP, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 201 NORTH UNION STREET SUITE 410		Amount of Each Disbursement this Period 24662.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLLING 001 Category/Type	
Candidate Name		Transaction ID : SB17.111366
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25799.26
<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 175 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TUSCARORA AREA CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2015</b>	
Mailing Address <b>19 NORTH MAIN STREET PO BOX 161</b>			Amount of Each Disbursement this Period <b>25.00</b>	
City <b>MERCERSBURG</b>	State <b>PA</b>	Zip Code <b>17236</b>	<b>Transaction ID : SB17.111367</b>	
Purpose of Disbursement <b>EVENT TICKETS</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y <b>12 / 07 / 2015</b>	
Mailing Address <b>PO BOX 15026</b>			Amount of Each Disbursement this Period <b>894.28</b>	
City <b>ALBANY</b>	State <b>NY</b>	Zip Code <b>12212</b>	<b>Transaction ID : SB17.111819</b>	
Purpose of Disbursement <b>TELEPHONE</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y <b>12 / 17 / 2015</b>	
Mailing Address <b>PO BOX 15026</b>			Amount of Each Disbursement this Period <b>572.14</b>	
City <b>ALBANY</b>	State <b>NY</b>	Zip Code <b>12212</b>	<b>Transaction ID : SB17.111714</b>	
Purpose of Disbursement <b>TELEPHONE</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1491.42</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)		PAGE 176 OF 180	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address PO BOX 25505		Amount of Each Disbursement this Period 142.00 <b>Transaction ID : SB17.111467</b>
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement TELEPHONE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address PO BOX 25505		Amount of Each Disbursement this Period 841.75 <b>Transaction ID : SB17.111469</b>
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement TELEPHONE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. VFW POST 1989</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address PO BOX 45		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.111489</b>
City KENT	State PA	
Zip Code 15752	Purpose of Disbursement EVENT TICKETS	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1483.75
<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 177 OF 180			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VOTESANE PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2015</b>
Mailing Address <b>PO BOX 2713</b>		Amount of Each Disbursement this Period <b>50.00</b> <b>Transaction ID : SB17.111581</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22301</b>	Purpose of Disbursement <b>CC TRANSACTION FEES</b>	Category/ Type <b>001</b>
Candidate Name <b>VOTESANE PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. VOTESANE PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2015</b>
Mailing Address <b>PO BOX 2713</b>		Amount of Each Disbursement this Period <b>175.00</b> <b>Transaction ID : SB17.111410</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22301</b>	Purpose of Disbursement <b>CC TRANSACTION FEES</b>	Category/ Type <b>001</b>
Candidate Name <b>VOTESANE PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. VOTESANE PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 12 / 2015</b>
Mailing Address <b>PO BOX 2713</b>		Amount of Each Disbursement this Period <b>25.00</b> <b>Transaction ID : SB17.111552</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22301</b>	Purpose of Disbursement <b>CC TRANSACTION FEES</b>	Category/ Type <b>001</b>
Candidate Name <b>VOTESANE PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>250.00</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)	PAGE 178 OF 180		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WELL DUNN CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 513 MORSE STREET NE		Amount of Each Disbursement this Period 3530.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement EVENT CATERING	
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.111697</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3530.00
<b>TOTAL</b> This Period (last page this line number only).....	216790.65

**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 179 OF 180			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF PAT TOOMEY</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 228 S. WASHINGTON ST., SUITE 115		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.111687</b>
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLITICAL CONTRIBUTION 011 Category/Type	
Candidate Name <b>PATRICK TOOMEY</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 00		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF PAT TOOMEY</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 228 S. WASHINGTON ST., SUITE 115		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.111688</b>
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLITICAL CONTRIBUTION 011 Category/Type	
Candidate Name <b>PATRICK TOOMEY</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 00		

Full Name (Last, First, Middle Initial) <b>C. NRCC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 320 1ST ST SE		Amount of Each Disbursement this Period 100000.00 <b>Transaction ID : SB21.111339</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement POLITICAL CONTRIBUTION 011 Category/Type	
Candidate Name <b>NRCC</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	104000.00
<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 180 OF 180	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PENNSYLVANIA SENATE REPUBLICAN CAMPAIGN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2015</b>
Mailing Address <b>112 STATE STREET</b>		Amount of Each Disbursement this Period <b>5000.00</b> <b>Transaction ID : SB21.111459</b>
City <b>HARRISBURG</b> State <b>PA</b> Zip Code <b>17101</b>	Purpose of Disbursement <b>POLITICAL CONTRIBUTION</b> Category/Type <b>011</b>	
Candidate Name <b>PENNSYLVANIA SENATE REPUBLICAN CAMPAIGN COMMITTEE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City _____ State _____ Zip Code _____	Purpose of Disbursement	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City _____ State _____ Zip Code _____	Purpose of Disbursement	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>109000.00</b>