

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

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

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))....	426529.00	3085771.26
(b) Total Contribution Refunds (from Line 20(d))	0.00	3900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	426529.00	3081871.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	906304.02	2462887.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	241.02	3465.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	906063.00	2459422.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	892426.66	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 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).....	81350.00	1175253.64
(ii) Unitemized.....	4279.00	19998.47
(iii) TOTAL of contributions from individuals ▶	85629.00	1195252.11
(b) Political Party Committees.....	0.00	250.00
(c) Other Political Committees (such as PACs).....	340900.00	1890269.15
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	426529.00	3085771.26
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.)	241.02	3465.00
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)..... ▶	426770.02	3096319.59

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	906304.02	2462887.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	3900.00
21. OTHER DISBURSEMENTS	200.00	204951.75
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	906504.02	2671739.71

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1372160.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	426770.02
25. SUBTOTAL (add Line 23 and Line 24).....	1798930.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	906504.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	892426.66

**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 5 OF 190
	<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	

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)
PHILMORE B ANDERSON

Mailing Address 2354 N FILLMORE ST

City ARLINGTON State VA Zip Code 22207

FEC ID number of contributing federal political committee.

Name of Employer NAVIGATORS GLOBAL 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
 06 / 30 / 2016

Transaction ID : SA11AI.113641

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
JAMES R BARKER

Mailing Address 180 LONG NECK POINT RD

City DARIEN State CT Zip Code 06820

FEC ID number of contributing federal political committee.

Name of Employer INTERLAKE STEAMSHIP CO Occupation 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
 04 / 18 / 2016

Transaction ID : SA11AI.113000

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 345 WAGAR RD

City ROCKY RIVER State OH Zip Code 44116

FEC ID number of contributing federal political committee.

Name of Employer INTERLAKEN STEAMSHIP CO 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
 04 / 18 / 2016

Transaction ID : SA11AI.113037

Amount of Each Receipt this Period

Memo Item

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

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 6 OF 190
	<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)
KELLY M BARONNER

Mailing Address 1302 JUNIATA VALLEY RD

City State Zip Code
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation
SELF FARMER

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
 04 / 25 / 2016

Transaction ID : SA11AI.113191

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KEITH A BENTLEY

Mailing Address 100 MORNINGSIDE DR.

City State Zip Code
ELVERSON PA 19520

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

Name of Employer Occupation
BENTLEY SYSTEMS CTO & DIRECTOR

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
 04 / 25 / 2016

Transaction ID : SA11AI.113187

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GREGORY BENTLEY

Mailing Address 101 CREEK ROAD

City State Zip Code
COATESVILLE PA 19320

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
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : SA11AI.113186

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

5900.00

**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 190
	<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)
BRIAN BOYLE

Mailing Address 336 E MAIN ST

City State Zip Code
UNIONTOWN PA 15401

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

Name of Employer Occupation
TECENG SOLUTIONS, LLC PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SA11AI.113188

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 130 EAGLE CREEK RANCH BLVD

City State Zip Code
FLORESVILLE TX 78114

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

Name of Employer Occupation
DAISY CHARTERS 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
04 / 18 / 2016

Transaction ID : SA11AI.113059

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. PAUL J CALANDRA

Mailing Address PO BOX 187

City State Zip Code
CRESSON PA 16630

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

Name of Employer Occupation
JENNMAR CORP GENERAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.113178

Amount of Each Receipt this Period
100.00

Memo Item

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

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

800.00

**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 190
	<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 A CARAMANICO

Mailing Address 2001 MARKET ST
TENTH FLOOR

City PHILADELPHIA State PA Zip Code 19103

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

Name of Employer MCCORMICK TAYLOR, INC Occupation 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
 04 / 26 / 2016

Transaction ID : SA11AI.113306

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 2650 LOU MENK DR

City FORT WORTH State TX Zip Code 76131

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

Name of Employer BNSF RAILWAY Occupation VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2016

Transaction ID : SA11AI.113375

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KIRSTEN A CHADWICK

Mailing Address 61 PRESIDENT FORD LN

City ALEXANDRIA State VA Zip Code 22302

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

Name of Employer PIERCE, ISAKOWITZ, AND BLALOCK Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : SA11AI.113199

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

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 190
	<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)
GEORGE R CHILDERS

Mailing Address 2231 SEVILLE AVE

City State Zip Code
VERO BEACH FL 32960

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

Name of Employer Occupation
MAGIC CARPET RIDE OWNER

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
04 / 18 / 2016

Transaction ID : SA11AI.113051

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 9273 LERWICK DR.

City State Zip Code
DUBLIN OH 43017

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

Name of Employer Occupation
CLARK LYTLE GEDULDIG CRANFORD SENIOR MANAGING 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
04 / 18 / 2016

Transaction ID : SA11AI.113041

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JENNIFER DELONG

Mailing Address 204 ARANDALE ST.

City State Zip Code
BEDFORD PA 15522

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

Name of Employer Occupation
BAC GENERAL MANAGER

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
04 / 22 / 2016

Transaction ID : SA11AI.113126

Amount of Each Receipt this Period
200.00

Memo Item

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

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

1200.00

**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 190
	<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 DELONG

Mailing Address 204 ARANDALE ST.

City Bedford State PA Zip Code 15522

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

Name of Employer BAC Occupation GENERAL MANAGER

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
 04 / 22 / 2016

Transaction ID : SA11AI.113127

Amount of Each Receipt this Period
190.00

Memo Item

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

Mailing Address 204 ARANDALE ST.

City Bedford State PA Zip Code 15522

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

Name of Employer BAC Occupation GENERAL MANAGER

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
 04 / 22 / 2016

Transaction ID : SA11AI.113128

Amount of Each Receipt this Period
10.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JOHN A. DEVIERNO

Mailing Address 9417 BYEFORDE RD

City KENSINGTON State MD Zip Code 20895

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.113168

Amount of Each Receipt this Period
200.00

Memo Item

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 11 OF 190
(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)
JOHN A. DEVIERNO

Mailing Address 9417 BYEFORDE RD

City KENSINGTON State MD Zip Code 20895

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.113170

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CHARLES A DICELLO

Mailing Address 546 SAN DIEGO AVE

City JENKINTOWN State PA Zip Code 19046

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11AI.113307

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. PHILIP ENGLISH

Mailing Address 1050 CONNECTICUT AVENUE NW

City WASHINGTON State DC Zip Code 20036

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

Name of Employer ARENT FOX ATTORNEYS AT LAW Occupation SENIOR GOVT RELATIONS ADVISOR

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
 04 / 18 / 2016

Transaction ID : SA11AI.113054

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1300.00

**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 190
	<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)
DEIDRE I FREDERICK

Mailing Address 411 BROAD RUN RD

City WEST CHESTER State PA Zip Code 19382

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

Name of Employer ARTHUR J GALLAGHER & CO Occupation INSURANCE

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
 04 / 14 / 2016

Transaction ID : SA11AI.112983

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DAVID LUND FREEMAN

Mailing Address 2028 BANTRY DR

City ROANOKE State TX Zip Code 76262

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

Name of Employer BNSF RAILWAY Occupation SENIOR VP- TRANSPORTATION

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
 04 / 29 / 2016

Transaction ID : SA11AI.113310

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BEVERLY W. GOBBELL

Mailing Address 3100 BRAINTREE RD

City FRANKLIN State TN Zip Code 37069

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

Name of Employer GOBELL TRANSPORTATION SAFETY Occupation SENIOR MEMBER

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
 04 / 22 / 2016

Transaction ID : SA11AI.113173

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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 13 OF 190
	<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)
S. SCOTT GRANNAS

Mailing Address 121 GREYSTONE DR.

City State Zip Code
DUNCANSVILLE PA 16635

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

Name of Employer Occupation
GRANNAS BROTHERS 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
 04 / 25 / 2016

Transaction ID : SA11AI.113184

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 45 SYLVAN HEIGHTS DR

City State Zip Code
HOLLIDAYSBURG PA 16648

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2016

Transaction ID : SA11AI.113117

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 501 OAKCREST LANE

City State Zip Code
WALLINGFORD PA 19086

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

Name of Employer Occupation
BUCHANAN INGERSOLL ATTORNEY

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
 04 / 21 / 2016

Transaction ID : SA11AI.113106

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 14 OF 190
	<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)
RACHEL J. HENSLER

Mailing Address 1422 N JEFFERSON ST

City ARLINGTON State VA Zip Code 22205

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11AI.113005

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 5804 MADAKET RD.

City BETHESDA State MD Zip Code 20816

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

Name of Employer NORTHEAST MAGLEV, LLC Occupation VICE 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
 04 / 18 / 2016

Transaction ID : SA11AI.113003

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HOLSTEN & ASSOCIATES

Mailing Address 1 OLIVE ST

City MEDIA State PA Zip Code 19063

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : SA11AI.112984

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

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 15 OF 190
	<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)
WILLIAM HOLSTEN

Mailing Address **1 OLIVE ST**

City **MEDIA** State **PA** Zip Code **19063**

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

Name of Employer **HOLSTEN & ASSOCIATES** Occupation **ATTORNEY**

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
04 / 14 / 2016

Transaction ID : SA11AI.112985

Amount of Each Receipt this Period
1000.00

Memo Item

PARTNERSHIP HOLSTEN & ASSOCIATES

B. Full Name (Last, First, Middle Initial)
LEO A HOLT

Mailing Address **PO BOX 69**

City **GLOUCESTER CITY** State **NJ** Zip Code **08030**

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

Name of Employer **HOLD LOGISTICS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 12 / 2016

Transaction ID : SA11AI.112977

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
IMLERS POULTRY, LLP

Mailing Address **PO BOX 836**

City **DUCANSVILLE** State **PA** Zip Code **16635**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : SA11AI.113301

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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 16 OF 190
	<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)
FRED N IMLER II

Mailing Address **PO BOX 836**

City **DUNCANSVILLE** State **PA** Zip Code **16635**

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

Name of Employer **IMLERS POULTRY LLP** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : SA11AI.113302

Amount of Each Receipt this Period
500.00

Memo Item

PARTNERSHIP IMLERS POULTRY, LLP

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

Mailing Address **2403 LELLAH COURT**

City **DUNN LORING** State **VA** Zip Code **22027**

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

Name of Employer **CJ LAKE** Occupation **ATTORNEY**

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
04 / 25 / 2016

Transaction ID : SA11AI.113197

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ANDREW N. JOHNSON

Mailing Address **212 MONTPELIER DR.**

City **DOWNINGTOWN** State **PA** Zip Code **19335**

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

Name of Employer **BENTLEY SYSTEMS** 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
04 / 25 / 2016

Transaction ID : SA11AI.113185

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 17 OF 190
(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)
RICHARD E JORDAN II

Mailing Address 4 FOXTAIL CT.

City State Zip Code
MECHANICSBURG PA 17050

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

Name of Employer Occupation
SMITH LAND IMPROVEMENT CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2016

Transaction ID : SA11AI.113087

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 1616 COOK SCHOOL ROAD

City State Zip Code
UPPER ST. CLAIR PA 15241

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

Name of Employer Occupation
INFORMATION REQUESTED BUSINESS OWNER

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
 06 / 13 / 2016

Transaction ID : SA11AI.113534

Amount of Each Receipt this Period
 400.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ASHLEY KERNS

Mailing Address 2704 ROBERTS CT

City State Zip Code
WESTLAKE LA 70669

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

Name of Employer Occupation
MIKE HOOKS INC 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
 04 / 18 / 2016

Transaction ID : SA11AI.113040

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

1150.00

**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 190
	<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 B. KLEINHEINZ

Mailing Address 301 COMMERCE ST
STE 1900

City State Zip Code
FORT WORTH TX 76102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KLEINHEINZ CAPITAL PARTNERS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.113342

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 301 COMMERCE ST
STE 1900

City State Zip Code
FORT WORTH TX 76102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KLEINHEINZ CAPITAL PARTNERS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.113343

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
MICHAEL KONTOS

Mailing Address 960 WEST DICKENS AVE

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DONTOS STRATEGIC COMMUNICATIONS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.113593

Amount of Each Receipt this Period

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 190
	<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)
DALE N KRAPP

Mailing Address 220 HUNTING HILL LN

City	State	Zip Code
WEST CHESTER	PA	19380

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

Name of Employer	Occupation
KRAPF BUS COMPANIES	CHAIRMAN OF THE BOARD

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
 04 / 22 / 2016

Transaction ID : SA11AI.113172

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 407 JACOBS CT.

City	State	Zip Code
EXTON	PA	19341

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

Name of Employer	Occupation
KRAPF BUS COMPANIES	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
 04 / 26 / 2016

Transaction ID : SA11AI.113317

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LANCER RESOURCES LP

Mailing Address 6034 W COURTYARD DR STE 205

City	State	Zip Code
AUSTIN	TX	78730

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

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
 04 / 18 / 2016

Transaction ID : SA11AI.113024

Amount of Each Receipt this Period
2700.00

Memo Item
REFUND PENDING

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 20 OF 190
	<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 V LARKIN

Mailing Address 129 SPRINGTON MEWS CIR.

City MEDIA State PA Zip Code 19063

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

Name of Employer ARTHUR J. GALLAGHER & COMPANY Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 04 / 14 / 2016

Transaction ID : SA11AI.112982

Amount of Each Receipt this Period 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LAWRUK LAND DEVELOPMENT

Mailing Address 210 W. PLANK RD.

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 250.00

Date of Receipt 04 / 25 / 2016

Transaction ID : SA11AI.113194

Amount of Each Receipt this Period 250.00

Memo Item

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 LAWROK LAND DEVELOPERS Occupation REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 750.00

Date of Receipt 04 / 25 / 2016

Transaction ID : SA11AI.113196

Amount of Each Receipt this Period 250.00

Memo Item

PARTNERSHIP LAWROK LAND DEVELOPMENT

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 21 OF 190
	<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 MARTIN

Mailing Address 15933 COUNTY ROAD 129

City BRISTOL State IN Zip Code 46507

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.113254

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
JOHN P MCALLISTER

Mailing Address 3039 ALBEMARLE ST. NW

City WASHINGTON State DC Zip Code 20008

FEC ID number of contributing federal political committee.

Name of Employer MCALLISTER & QUINN, LLC Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.113039

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
THOMAS MCCAUGHEY

Mailing Address 115 SEACREST LN

City WARWICK State RI Zip Code 02889

FEC ID number of contributing federal political committee.

Name of Employer FLAGSHIP TRAILWAYS Occupation PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.113044

Amount of Each Receipt this Period

Memo Item

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

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 22 OF 190
	<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) A. TIMOTHY MCGIVERN		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2016	
Mailing Address 13365 R STREET NW #2		Transaction ID : SA11AI.113620	
City WASHINGTON	State DC	Zip Code 20009	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer OGILVY GOVERNMENT RELATIONS	Occupation LOBBYIST		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4200.00		

Full Name (Last, First, Middle Initial) B. DALE MCMICHAEL		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2016	
Mailing Address 211 WEATHERFIELD PL		Transaction ID : SA11AI.113049	
City LANCASTER	State PA	Zip Code 17603	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer EXECUTIVE COACH	Occupation VP		
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) C. TIMOTHY P MCNULTY		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 26 / 2016	
Mailing Address 106 LINDEN AVE.		Transaction ID : SA11AI.113304	
City PITTSBURGH	State PA	Zip Code 15208	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer CARNEGIE MELLON UNIVERSITY	Occupation EDUCATION ADMINISTRATION		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 2000.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 190
	<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 MILLER

Mailing Address 3930 WALNUT ST STE 210

City State Zip Code
FAIRFAX VA 22030

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

Name of Employer Occupation
MILLER/WENHOLD CAPITOL STRATEGIES OWNER

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
04 / 14 / 2016

Transaction ID : SA11AI.112986

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 913 LOS ALTOS TR

City State Zip Code
SOUTHLAKE TX 76092

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

Name of Employer Occupation
BNSF RAILWAYS 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
04 / 29 / 2016

Transaction ID : SA11AI.113311

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 926 CHARTER OAKS DR

City State Zip Code
RANDLEMAN NC 27317

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

Name of Employer Occupation
HOLIDAY COMPANIES GENERAL MANAGER

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
04 / 18 / 2016

Transaction ID : SA11AI.113047

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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 24 OF 190
(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)
JOHN D MORAN JR.

Mailing Address 771 SUPPLEE MILL RD.

City State Zip Code
LEWISBURG PA 17837

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

Name of Employer Occupation
MORAN INDUSTRIES 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
 05 / 16 / 2016

Transaction ID : SA11AI.113425

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM C POLACEK

Mailing Address 437 LEVENTRY ROAD

City State Zip Code
JOHNSTOWN PA 15904

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

Name of Employer Occupation
JWF INDUSTRIES OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2016

Transaction ID : SA11AI.113086

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KENNETH PRESLEY

Mailing Address 113 S WEST ST STE 4

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Occupation
UNITED MOTORCOACH ASSOCIATIONS VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11AI.113042

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 190
	<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)
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
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : SA11AI.113309

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
IAN A RAINEY

Mailing Address 3537 ALTON PL NW

City State Zip Code
WASHINGTON DC 20008

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

Name of Employer Occupation
THE NORTHEAST MAGLEV SENIOR VP

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
 04 / 18 / 2016

Transaction ID : SA11AI.113006

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
STEFANIA ROMOFF

Mailing Address 3208 FOX RUN RD

City State Zip Code
ALLISON PARK PA 15101

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
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11AI.112998

Amount of Each Receipt this Period
1700.00

Memo Item

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

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

2800.00

**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 190
	<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)
JEFFREY A ROMOFF

Mailing Address 3208 FOX RUN RD

City State Zip Code
ALLISON PARK PA 15101

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

Name of Employer Occupation
UPMC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11AI.112999

Amount of Each Receipt this Period
 300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
VICTOR M RUGGERY

Mailing Address 507 MOSSIDE CIR

City State Zip Code
ALTOONA PA 16601

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
 04 / 12 / 2016

Transaction ID : SA11AI.112979

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LOUIS D RUSCITTO

Mailing Address 555 SUGAR CAMP RD

City State Zip Code
VENETIA PA 15367

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

Name of Employer Occupation
ALCM PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11AI.113305

Amount of Each Receipt this Period
 2600.00

Memo Item

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 27 OF 190
	<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)
RAMAN SARGONI

Mailing Address 368 28TH ST

City State Zip Code
SAN FRANCISCO CA 94131

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

Name of Employer Occupation
GRAY LINE SAN FRANCISCO PRESIDENT AND 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
04 / 18 / 2016

Transaction ID : SA11AI.113048

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 156 ELM ST

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
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : SA11AI.113537

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 3513 FORT ROBERDEAU AVE

City State Zip Code
ALTOONA PA 16602

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

Name of Employer Occupation
RELIANCE BANK BANKER

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
04 / 18 / 2016

Transaction ID : SA11AI.113058

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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 28 OF 190
	<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 J STEFANO

Mailing Address 3120 RIDGEVIEW DR.

City State Zip Code
CONNELLSVILLE PA 15425

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
 04 / 21 / 2016

Transaction ID : SA11AI.113119

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ELIZABETH A STONER

Mailing Address 7714 RENNINGER RD

City State Zip Code
MERCERSBURG PA 17236

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
 04 / 21 / 2016

Transaction ID : SA11AI.113123

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 21 MEADOW LANE

City State Zip Code
PENNINGTON NJ 08534

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

Name of Employer Occupation
STOUT'S TRANSPORTATION 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
 04 / 18 / 2016

Transaction ID : SA11AI.113050

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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 29 OF 190
	<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)
DENNIS W STREIF

Mailing Address 3505 ROSEWOOD LN.

City State Zip Code
COLUMBIA IL 62236

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

Name of Employer Occupation
VANDALIA BUS LINES 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
 04 / 18 / 2016

Transaction ID : SA11AI.113053

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MARK J. STUPFEL

Mailing Address 301 COMMERCE ST
STE 1900

City State Zip Code
FORT WORTH TX 76102

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

Name of Employer Occupation
KLEINHEINZ FAMILY OFFICE PARTNER

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
 04 / 26 / 2016

Transaction ID : SA11AI.113338

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 301 COMMERCE ST
STE 1900

City State Zip Code
FORT WORTH TX 76102

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

Name of Employer Occupation
KLEINHEINZ FAMILY OFFICE PARTNER

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
 04 / 26 / 2016

Transaction ID : SA11AI.113339

Amount of Each Receipt this Period
2300.00

Memo Item

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 30 OF 190
	<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)
DEBRA L TEKAVEC

Mailing Address 3607 S 16TH ST.

City ARLINGTON State VA Zip Code 22204

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

Name of Employer CORNEGIE MELLON Occupation DIRECTOR OF FEDERAL 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
 04 / 22 / 2016

Transaction ID : SA11AI.113129

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
RICHARD E THIELEN

Mailing Address 1205 S HALVORSON ST.

City REDWOOD FALLS State MN Zip Code 56283

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

Name of Employer THIELEN COACHES 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
 04 / 18 / 2016

Transaction ID : SA11AI.113046

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CARLYLE P. THORSEN

Mailing Address 405 1ST ST SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer THORSEN FRENCH ADVOCACY 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
 04 / 22 / 2016

Transaction ID : SA11AI.113171

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 31 OF 190
(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)
JERRY E VEST JR.

Mailing Address 716 FAIRVIEW RD.

City State Zip Code
PITTSBURGH PA 15238

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

Name of Employer Occupation
GENESEE & WYOMING, INC. VICE PRESIDENT, GOVERNMENT & INDUST

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
 04 / 26 / 2016

Transaction ID : SA11AI.113255

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 4908 RIVERBEND DR

City State Zip Code
FORT WORTH TX 76109

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

Name of Employer Occupation
KLEINHEINZ CAPITAL PARTNERS DIRECTOR OF INVESTMENTS

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
 04 / 26 / 2016

Transaction ID : SA11AI.113340

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 4908 RIVERBEND DR

City State Zip Code
FORT WORTH TX 76109

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

Name of Employer Occupation
KLEINHEINZ CAPITAL PARTNERS DIRECTOR OF INVESTMENTS

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
 04 / 26 / 2016

Transaction ID : SA11AI.113341

Amount of Each Receipt this Period
2300.00

Memo Item

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 32 OF 190
	<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 WALKER

Mailing Address 1603 NACOGDOCHES RD.

City SAN ANTONIO State TX Zip Code 78209

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

Name of Employer STAR SHUTTLE, INC. Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11AI.113052

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TIMOTHY E WAYLAND

Mailing Address 2032 LEGACY DR

City FARIBAULT State MN Zip Code 55021

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

Name of Employer ABC BUS COMPANIES Occupation COO

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
 04 / 18 / 2016

Transaction ID : SA11AI.113043

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BECKY B WEBER

Mailing Address 7603 BENT OAK COURT

City FALLS CHURCH State VA Zip Code 22043

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

Name of Employer PRIME POLICY GROUP Occupation 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
 04 / 18 / 2016

Transaction ID : SA11AI.113038

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 190
	<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 S. WEEKS

Mailing Address 132 LEES HILL RD.

City State Zip Code
BASKING RIDGE NJ 07920

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

Name of Employer Occupation
WEEKS MARINE 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
04 / 18 / 2016

Transaction ID : SA11AI.113004

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
RICHARD N. WEEKS

Mailing Address C/O WEEKS MARINE
4 COMMERCE DR.

City State Zip Code
CRANFORD NJ 07016

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

Name of Employer Occupation
WEEKS MARINE 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
04 / 18 / 2016

Transaction ID : SA11AI.113002

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JOAN WHEELER

Mailing Address 198 PINNACLE CIRCLE

City State Zip Code
SOMERSET PA 15501

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
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : SA11AI.113422

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 34 OF 190
(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)
RICHARD WHITE

Mailing Address 101 PRIMROSE ST

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer Occupation
THOM RUN PARTNERS 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 Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.113125

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 3171 LENNOX RD

City State Zip Code
BRAINERD MN 56401

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

Name of Employer Occupation
BEMIDJI BUS LINES OWNER

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
 04 / 18 / 2016

Transaction ID : SA11AI.113045

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WILEY REIN, LLP

Mailing Address 1776 K ST. NW

City State Zip Code
WASHINGTON DC 20006

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

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
 04 / 26 / 2016

Transaction ID : SA11AI.113344

Amount of Each Receipt this Period
 2700.00

Memo Item
 NO ITEMIZATION NECESSARY

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 35 OF 190
	<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)
HOK FUNG (JOHN) YAU

Mailing Address 1883 E. PLEASANT VALLEY BLVD.

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

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

Name of Employer OPTIA/UNITED COMPUTER PRODUCTS CO I	Occupation COMPUTER SALES
---	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11AI.112994

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HOKLAI (TONY) YAU

Mailing Address 204 LINWOOD DR

City ALTOONA	State PA	Zip Code 16602
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FEC ID number of contributing federal political committee. **C**

Name of Employer OPTIA/UNITED COMPUTER PRODUCTS CO I	Occupation COMPUTER SALES
---	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11AI.112995

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HOK SHUN (DANNY) YAU

Mailing Address 1883 E. PLEASANT VALLEY BLVD.

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

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

Name of Employer OPTIA/UNITED COMPUTER PRODUCTS CO I	Occupation COMPUTER SALES
---	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11AI.112996

Amount of Each Receipt this Period
500.00

Memo Item

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

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

2000.00

81350.00

**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 190
	<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)
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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11C.113156

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AES CORPORATION POLITICAL ACTION COMMITTEE; THE

Mailing Address 4300 WILSON BOULEVARD 11TH FLOOR

City ARLINGTON State VA Zip Code 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
9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11C.113008

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AES CORPORATION POLITICAL ACTION COMMITTEE; THE

Mailing Address 4300 WILSON BOULEVARD 11TH FLOOR

City ARLINGTON State VA Zip Code 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
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11C.113589

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 37 OF 190
	<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)
AICPA EFFECTIVE LEGISLATION

Mailing Address

City State Zip Code
NJ

FEC ID number of contributing federal political committee. **C C00077321**

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
 04 / 26 / 2016

Transaction ID : SA11C.113289

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AK STEEL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 9227 CENTRE POINTE DRIVE

City State Zip Code
WEST CHESTER OH 45069

FEC ID number of contributing federal political committee. **C C00290973**

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
 04 / 14 / 2016

Transaction ID : SA11C.112991

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Mailing Address 7575 E FULTON ROAD
ATTN: SCOTT SMOES 56-3S

City State Zip Code
ADA MI 49355

FEC ID number of contributing federal political committee. **C C00034884**

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
 06 / 30 / 2016

Transaction ID : SA11C.113632

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 190
	<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)
AMALGAMATED TRANSIT UNION-COPE PAC

Mailing Address 5025 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00032995

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
04 / 26 / 2016

Transaction ID : SA11C.113319

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN CONCRETE PAVEMENT ASSOC PAC

Mailing Address 9450 W BRYN MAWR AVE.
STE. 150

City ROSEMONT State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C** C00322727

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
04 / 26 / 2016

Transaction ID : SA11C.113320

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 8445 FREEPORT PKWY
SUITE 350

City IRVING State TX Zip Code 75063

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : SA11C.113259

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 39 OF 190
	<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 HOSPITAL ASSOCIATION

Mailing Address 325 7TH ST NW
LIBERTY PLACE SUITE 700

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11C.113293

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 13515 YARMOUTH DR

City PICKERINGTON State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C C00120238**

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
 04 / 26 / 2016

Transaction ID : SA11C.113291

Amount of Each Receipt this Period
1000.00

Memo Item

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
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2016

Transaction ID : SA11C.113109

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 40 OF 190
(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)
AMERICAN PETROLEUM INSTITUTE PAC

Mailing Address 1220 L STREET, NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00483677**

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
 04 / 26 / 2016

Transaction ID : SA11C.113286

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

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

Mailing Address 499 SOUTH CAPITOL ST SW
APT 409

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11C.113591

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN TRAFFIC SAFETY SERVICES ASSOC. PAC

Mailing Address 15 RIVERSIDE PARKWAY
SUITE 100

City FREDERICKSBURG State VA Zip Code 22406

FEC ID number of contributing federal political committee. **C C00281717**

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
 04 / 22 / 2016

Transaction ID : SA11C.113136

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

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

_____ 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 41 OF 190
	<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 WATERWAYS OPERATORS PAC

Mailing Address 801 QUINCY ST N
SUITE 200

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : SA11C.113031

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMO VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 W DIXIE HWY

City DANIA BEACH State FL Zip Code 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
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : SA11C.113055

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ANADARKO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1201 LAKE ROBBINS DRIVE

City THE WOODLANDS State TX Zip Code 77380

FEC ID number of contributing federal political committee. **C** C00231951

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
04 / 22 / 2016

Transaction ID : SA11C.113166

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 190
	<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)
ARCHER DANIELS MIDLAND COMPANY-ADM PAC

Mailing Address P.O. BOX 1470

City State Zip Code
DECATUR IL 62525

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : SA11C.112988

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ARCHIPAC -THE AMERICAN INSTITUTE OF ARCHITECTS

Mailing Address 1735 NEW YORK AVENUE, NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00139071**

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
 04 / 14 / 2016

Transaction ID : SA11C.112992

Amount of Each Receipt this Period
2500.00

Memo Item

C. 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
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11C.113253

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

7500.00

**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 190
	<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)
ARENT FOX LLP PAC

Mailing Address 1050 CONNECTICUT AVE NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00241380**

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
 04 / 18 / 2016

Transaction ID : SA11C.113056

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 451 FLORIDA STREET
BANK ONE CENTRE N TOWER 19TH FLOOR

City State Zip Code
BATON ROUGE LA 70801

FEC ID number of contributing federal political committee. **C C00226472**

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
 04 / 18 / 2016

Transaction ID : SA11C.113026

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS & CONTRACTORS PAC

Mailing Address 4250 FAIRFAX DR N
NINTH FLOOR

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C C00010421**

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
 06 / 30 / 2016

Transaction ID : SA11C.113636

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 190
	<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)
ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC (AALU PAC)

Mailing Address 11921 FREEDOM DRIVE
SUITE 1100

City RESTON State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C C00447565**

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
04 / 22 / 2016

Transaction ID : SA11C.113130

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AT&T INC FEDERAL PAC

Mailing Address 208 AKARD ST S
SUITE 3521

City DALLAS State TX Zip Code 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
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : SA11C.113592

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AUTOMOTIVE FREE INTERNATIONAL TRADE PAC

Mailing Address 1625 PRINCE ST SUITE 225

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00250399**

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
06 / 29 / 2016

Transaction ID : SA11C.113596

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

11000.00

**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 45 OF 190
	<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	

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)
BAKER BOTTS BLUEBONNET FUND

Mailing Address 910 LOUISIANA ST
SUITE 3000

City HOUSTON State TX Zip Code 77002

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11C.113029

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 100 PARK AVENUE

City FLORHAM PARK State NJ Zip Code 07932

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11C.113135

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 100 PARK AVENUE

City FLORHAM PARK State NJ Zip Code 07932

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.113633

Amount of Each Receipt this Period
2500.00

Memo Item

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 46 OF 190
	<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	

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)
BECHTEL PAC

Mailing Address 50 BEAL STREET

City SAN FRANCISCO State CA Zip Code 94119

FEC ID number of contributing federal political committee. **C C00103697**

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
 04 / 14 / 2016

Transaction ID : SA11C.112989

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BILL JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 14496

City POLAND State OH Zip Code 44514

FEC ID number of contributing federal political committee. **C C00476820**

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
 04 / 26 / 2016

Transaction ID : SA11C.113264

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BP CORPORATION NORTH AMERICA INC. PAC

Mailing Address 501 WESTLAKE PARK BLVD

City HOUSTON State TX Zip Code 77079

FEC ID number of contributing federal political committee. **C C00060103**

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
 04 / 22 / 2016

Transaction ID : SA11C.113161

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 47 OF 190
	<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)
BP CORPORATION NORTH AMERICA INC. PAC

Mailing Address 501 WESTLAKE PARK BLVD

City HOUSTON State TX Zip Code 77079

FEC ID number of contributing federal political committee. **C C00060103**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11C.113294

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BRIDGEPOINT EDUCATION INC. PAC

Mailing Address 13500 EVENING CREEK DR. NORTH SUITE 600

City SAN DIEGO State CA Zip Code 92128

FEC ID number of contributing federal political committee. **C C00478404**

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
 04 / 26 / 2016

Transaction ID : SA11C.113318

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BROTHERHOOD OF RAILROAD SIGNALMEN PAC

Mailing Address 917 SHENANDOAH SHORES RD

City FRONT ROYAL State VA Zip Code 22630

FEC ID number of contributing federal political committee. **C C00011262**

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
 04 / 22 / 2016

Transaction ID : SA11C.113157

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 48 OF 190
	<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)
BRYAN CAVE LLP

Mailing Address 700 13TH ST NW SUITE 700

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00332643**

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
 04 / 26 / 2016

Transaction ID : SA11C.113261

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BUILDING OUR BASE - BOB PAC

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00510248**

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
 04 / 26 / 2016

Transaction ID : SA11C.113258

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BURSON-MARSTELLER YOUNG & RUBICAM PAC

Mailing Address 1110 VERMONT AVE. NW
SUITE 1000

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00201863**

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
 04 / 18 / 2016

Transaction ID : SA11C.113057

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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 190
	<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. BUSINESS-INDUSTRY

Full Name (Last, First, Middle Initial)
Mailing Address 888 16TH ST NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00001727**

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
 05 / 09 / 2016

Transaction ID : SA11C.113369

Amount of Each Receipt this Period
 1000.00

Memo Item

B. CALPINE CORPORATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 4160 DUBLIN BLVD., SUITE 100

City State Zip Code
DUBLIN CA 94568

FEC ID number of contributing federal political committee. **C C00362640**

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
 06 / 30 / 2016

Transaction ID : SA11C.113635

Amount of Each Receipt this Period
 2500.00

Memo Item

C. CANAL BARGE PAC

Full Name (Last, First, Middle Initial)
Mailing Address 835 UNION STREET

City State Zip Code
NEW ORLEANS LA 70112

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11C.113321

Amount of Each Receipt this Period
 1500.00

Memo Item

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 50 OF 190
	<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)
CARDINAL HEALTH INC. PAC AKA CARDINAL HEALTH COMPANIES PAC

Mailing Address 7000 CARDINAL PLACE

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C** C00332833

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
 04 / 21 / 2016

Transaction ID : SA11C.113108

Amount of Each Receipt this Period
 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CARGILL, INCORPORATED POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 9300
C/O CARGILL, INC. / CFR / DEPT. #5

City MINNEAPOLIS State MN Zip Code 55440

FEC ID number of contributing federal political committee. **C** C00067884

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
 04 / 26 / 2016

Transaction ID : SA11C.113257

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CHESAPEAKE ENERGY CORPORATION FEDERAL

Mailing Address PO BOX 18496

City OKLAHOMA CITY State OK Zip Code 73154

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

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
 04 / 22 / 2016

Transaction ID : SA11C.113152

Amount of Each Receipt this Period
 4000.00

Memo Item

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 51 OF 190
	<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)
CHEVRON EMPLOYEES PAC

Mailing Address PO BOX 6016

City SAN RAMON State CA Zip Code 94583

FEC ID number of contributing federal political committee. **C** C00035006

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
 05 / 25 / 2016

Transaction ID : SA11C.113479

Amount of Each Receipt this Period
1000.00

Memo Item

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
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11C.113160

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 1101 PENNSYLVANIA AVENUE NW #1000

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11C.113336

Amount of Each Receipt this Period
2000.00

Memo Item

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 52 OF 190
	<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)
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C C00469429**

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
 04 / 26 / 2016

Transaction ID : SA11C.113329

Amount of Each Receipt this Period
2500.00

Memo Item

B. 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
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11C.113323

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CUBIC CORPORATION EMPLOYEES

Mailing Address 9333 BALBOA AVE

City San Diego State CA Zip Code 92123

FEC ID number of contributing federal political committee. **C C00151787**

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
 04 / 26 / 2016

Transaction ID : SA11C.113260

Amount of Each Receipt this Period
4500.00

Memo Item

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 53 OF 190
	<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)
DELOITTE PAC

Mailing Address **PO BOX 365**

City **WASHINGTON** State **DC** Zip Code **20044**

FEC ID number of contributing federal political committee. **C C00211318**

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
06 / 30 / 2016

Transaction ID : SA11C.113638

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DTCC PAC; THE

Mailing Address **1455 PENNSYLVANIA AVE., NW
SUITE 725**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00497917**

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
04 / 22 / 2016

Transaction ID : SA11C.113176

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND

Mailing Address **2345 CRYSTAL DRIVE
SUITE 915**

City **ARLINGTON** State **VA** Zip Code **22202**

FEC ID number of contributing federal political committee. **C C00275123**

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
06 / 30 / 2016

Transaction ID : SA11C.113640

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

7500.00

**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 190
	<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)
DUKE ENERGY CORPORATION

Mailing Address 422 CHURCH ST PB05D S

City CHARLOTTE State NC Zip Code 28202

FEC ID number of contributing federal political committee. **C** C00083535

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
 04 / 26 / 2016

Transaction ID : SA11C.113287

Amount of Each Receipt this Period
3000.00

Memo Item

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

Mailing Address PO BOX 2646

City KNOXVILLE State TN Zip Code 37901

FEC ID number of contributing federal political committee. **C** C00229104

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
 04 / 22 / 2016

Transaction ID : SA11C.113143

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DUNCAN FOR CONGRESS

Mailing Address PO BOX 2646

City KNOXVILLE State TN Zip Code 37901

FEC ID number of contributing federal political committee. **C** C00229104

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
 04 / 22 / 2016

Transaction ID : SA11C.113144

Amount of Each Receipt this Period
700.00

Memo Item

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

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

5700.00

**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 190
	<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)
ENERGY TRANSFER PARTNERS PAC

Mailing Address 711 LOUISIANA STREET
SUITE 900

City HOUSTON State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C C00438754**

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
 04 / 18 / 2016

Transaction ID : SA11C.113025

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ENERGY TRANSFER PARTNERS PAC

Mailing Address 711 LOUISIANA STREET
SUITE 900

City HOUSTON State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C C00438754**

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
 06 / 07 / 2016

Transaction ID : SA11C.113532

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 625 LIBERTY AVENUE
SUITE 1700

City PITTSBURGH State PA Zip Code 15222

FEC ID number of contributing federal political committee. **C C00151175**

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
 04 / 26 / 2016

Transaction ID : SA11C.113308

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER: PAGE 56 OF 190
(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)
EXELON CORPORATION PAC

Mailing Address 101 CONSTITUTION AVENUE, NW
SUITE 400 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00141218**

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
 05 / 16 / 2016

Transaction ID : SA11C.113428

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 101 CONSTITUTION AVENUE, NW
SUITE 400 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00141218**

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
 06 / 30 / 2016

Transaction ID : SA11C.113634

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 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
8500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2016

Transaction ID : SA11C.113519

Amount of Each Receipt this Period
 2500.00

Memo Item

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 57 OF 190
(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)
FERT PAC (THE POLITICAL ACTION COMMITTEE OF THE FERTILIZER INSTITUTE)

Mailing Address 820 FIRST STREET, NE
SUITE 430

City WASHINGTON State DC Zip Code 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
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11C.113290

Amount of Each Receipt this Period
3000.00

Memo Item

B. 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
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2016

Transaction ID : SA11C.113372

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FRIENDS OF BUCK MCKEON

Mailing Address 713 BRACEY LANE

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00258244**

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
 06 / 30 / 2016

Transaction ID : SA11C.113629

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

6500.00

**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 190
	<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)
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 **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : SA11C.113011

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **25 MASSACHUSETTS AVE NW STE 400**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00076810**

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
04 / 26 / 2016

Transaction ID : SA11C.113252

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GENESEE & WYOMING INC PAC

Mailing Address **3601 CONCORD ROAD - SUITE 2**

City **YORK** State **PA** Zip Code **17402**

FEC ID number of contributing federal political committee. **C C00289058**

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
04 / 26 / 2016

Transaction ID : SA11C.113262

Amount of Each Receipt this Period
2000.00

Memo Item

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 59 OF 190
	<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)
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
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.113630

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GRAND TRUNK RAIL-ILLINOIS CENTRAL RAIL PAC

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SUITE 500, NORTH BUILDING

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00095117**

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
 04 / 14 / 2016

Transaction ID : SA11C.112990

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GREAT LAKES DREDGE & DOCK COMPANY

Mailing Address 2122 YORK ROAD

City OAK BROOK State IL Zip Code 60523

FEC ID number of contributing federal political committee. **C C00264937**

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
 04 / 18 / 2016

Transaction ID : SA11C.113014

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 60 OF 190
	<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)
HEALTHSOUTH PAC

Mailing Address 3660 GRANDVIEW PKWY STE. 200

City BIRMINGHAM State AL Zip Code 35243

FEC ID number of contributing federal political committee. **C C00414649**

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
 04 / 18 / 2016

Transaction ID : SA11C.113019

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HUNTINGTON INGALLS INDUSTRIES POLITICAL ACTION COMMITTEE (SHIPAC)

Mailing Address 300 M STREET S.E. SUITE 350

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00325092**

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
 04 / 26 / 2016

Transaction ID : SA11C.113324

Amount of Each Receipt this Period
3000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
INDEPENDENCE BLUE CROSS PAC (IBC PAC)

Mailing Address 1901 MARKET STREET

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C C00450056**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11C.113023

Amount of Each Receipt this Period
1250.00

Memo Item

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

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

6250.00

**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 190
	<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)
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

A. Mailing Address 20 F STREET, NW SUITE 610

City WASHINGTON State DC Zip Code 20001

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
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11C.113427

Amount of Each Receipt this Period
 1000.00

Memo Item

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

B. Mailing Address ONE BELLE MEADE PL 4400 HARDING RD

City NASHVILLE State TN Zip Code 37205

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11C.113010

Amount of Each Receipt this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

C. Mailing Address 1750 NEW YORK AVE NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029447

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
 04 / 26 / 2016

Transaction ID : SA11C.113288

Amount of Each Receipt this Period
 5000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 62 OF 190
(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)
INTERNATIONAL COUNCIL OF SHOPPING CENTERS

Mailing Address 1399 NEW YORK AVENUE NW
SUITE 720

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00217638**

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
 04 / 22 / 2016

Transaction ID : SA11C.113158

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)

Mailing Address 1101 PENNSYLVANIA AVENUE NW
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00034405**

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
 05 / 09 / 2016

Transaction ID : SA11C.113374

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL WAREHOUSE LOGISTICS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 2800 RIVER ROAD

City DES PLAINES State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C C00303032**

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
 04 / 22 / 2016

Transaction ID : SA11C.113145

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

9000.00

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

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

FOR LINE NUMBER: PAGE 63 OF 190
(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)
JOHN S FUND

Mailing Address **PO BOX 853**

City **EDWARDSVILLE** State **IL** Zip Code **62025**

FEC ID number of contributing federal political committee. **C C00390831**

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
04 / 22 / 2016

Transaction ID : SA11C.113139

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
JONES WALKER L.L.P.

Mailing Address **201 ST. CHARLES AVENUE
49TH FLOOR**

City **NEW ORLEANS** State **LA** Zip Code **70170**

FEC ID number of contributing federal political committee. **C C00111534**

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
04 / 22 / 2016

Transaction ID : SA11C.113151

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
K&L GATES LLP PAC

Mailing Address **1601 K STREET NW**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00213173**

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
04 / 18 / 2016

Transaction ID : SA11C.113030

Amount of Each Receipt this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 64 OF 190
(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)
KIRBY PAC

Mailing Address 55 WAUGH DR SUITE 1000

City HOUSTON State TX Zip Code 77007

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11C.113520

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LAND O LAKES

Mailing Address PO BOX 64101

City SAINT PAUL State MN Zip Code 55164

FEC ID number of contributing federal political committee. **C C00009423**

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
 04 / 22 / 2016

Transaction ID : SA11C.113137

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2121 CRYSTAL DRIVE - SUITE 100

City ARLINGTON State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2016

Transaction ID : SA11C.113370

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 65 OF 190
	<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)
LOCKHEED MARTIN EPAC

Mailing Address 2121 CRYSTAL DRIVE - SUITE 100

City ARLINGTON State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : SA11C.113424

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 655 MADISON AVENUE
ATT: CORPORATE SECRETARY

City NEW YORK State NY Zip Code 10065

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : SA11C.113334

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MACHINISTS NON PARTISAN POLITICAL LEAGUE OF THE INTERNATIONAL ASSOCIATION OF MACHINISTS & A

Mailing Address 9000 MACHINISTS PLACE

City UPPER MARLBORO State MD Zip Code 20772

FEC ID number of contributing federal political committee. **C C00002469**

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
06 / 29 / 2016

Transaction ID : SA11C.113597

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

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 66 OF 190
	<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)
MAERSK INC GOOD GOVT FUND PAC

Mailing Address 1530 WILSON BLVD STE. 650

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00217471**

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
 04 / 18 / 2016

Transaction ID : SA11C.113009

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MAINTAINING ALL REPUBLICANS IN OFFICE PAC

Mailing Address 8724 SUNSET DRIVE #421

City MIAMI State FL Zip Code 33173

FEC ID number of contributing federal political committee. **C C00565630**

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
 04 / 22 / 2016

Transaction ID : SA11C.113147

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MARATHON OIL CO PAC

Mailing Address 5555 SAN FELIPE ST., STE. 4148

City HOUSTON State TX Zip Code 77056

FEC ID number of contributing federal political committee. **C C00040568**

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
 04 / 26 / 2016

Transaction ID : SA11C.113295

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 67 OF 190
	<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)
MARINE ENGINEERS' BENEFICIAL ASSOCIATION (MEBA PAF)

Mailing Address 444 NORTH CAPITOL ST NW
STE 800

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00279380**

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
 04 / 25 / 2016

Transaction ID : SA11C.113195

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MASTERS, MATES AND PILOTS POLITICAL CONTRIBUTION FUND

Mailing Address 700 MARITIME BLVD

City LINTHICUM HEIGHTS State MD Zip Code 21090

FEC ID number of contributing federal political committee. **C C00073056**

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
 04 / 22 / 2016

Transaction ID : SA11C.113174

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MATSON, INC. FEDERAL ELECTION COMMITTEE

Mailing Address 333 MARKET ST.

City SAN FRANCISCO State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C C00024752**

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
 04 / 26 / 2016

Transaction ID : SA11C.113328

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

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 68 OF 190
	<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)
NABPAC

Mailing Address 1771 N ST NW

City State Zip Code
WASHINGTON DC 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
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11C.113165

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2201 COOPERATIVE WAY 3RD FLOOR

City State Zip Code
HERNDON VA 20171

FEC ID number of contributing federal political committee. **C C00233304**

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
04 / 18 / 2016

Transaction ID : SA11C.113027

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTION COMMITTEE

Mailing Address 3138 10TH STREET NORTH

City State Zip Code
ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C C00040659**

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
04 / 21 / 2016

Transaction ID : SA11C.113110

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 69 OF 190
	<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 ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Mailing Address 1212 NEW YORK AVE NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00283135**

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
 05 / 25 / 2016

Transaction ID : SA11C.113480

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES (NAMIC)

Mailing Address 122 C ST NW, SUITE 540

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00170258**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11C.113325

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES (NAMIC)

Mailing Address 122 C ST NW, SUITE 540

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00170258**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11C.113326

Amount of Each Receipt this Period
2500.00

Memo Item

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: PAGE 70 OF 190
(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)
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS

Mailing Address 1875 EYE ST NW SUITE 600

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00303339**

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
 05 / 16 / 2016

Transaction ID : SA11C.113426

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL CONFECTIONERS ASSOCIATION

Mailing Address 8320 OLD COURTHOUSE RD SUITE 300

City VIENNA State VA Zip Code 22182

FEC ID number of contributing federal political committee. **C C00003855**

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
 04 / 18 / 2016

Transaction ID : SA11C.113028

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL MULTI HOUSING COUNCIL PAC

Mailing Address 1850 M ST NW SUITE 540

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11C.113330

Amount of Each Receipt this Period
 2500.00

Memo Item

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 71 OF 190
	<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 PROPANE GAS ASSOCIATION

Mailing Address 1150 17TH ST NW SUITE 310

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00079681**

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
 05 / 09 / 2016

Transaction ID : SA11C.113371

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL READY MIXED CONCRETE ASSOC. PAC

Mailing Address 900 SPRING ST

City SILVER SPRING State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C C00114025**

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
 06 / 29 / 2016

Transaction ID : SA11C.113599

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL RESTAURANT ASSOC

Mailing Address 1200 17TH ST NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00003764**

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
 04 / 22 / 2016

Transaction ID : SA11C.113131

Amount of Each Receipt this Period
2500.00

Memo Item

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 72 OF 190
	<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)
NATSO PAC

Mailing Address 1737 KING ST
SUITE 200

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00097865**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : SA11C.113266

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NETJETS ASSOCIATION OF SHARED AIRCRAFT PILOTS PAC; NJASAP PAC

Mailing Address 2740 AIRPORT DRIVE
SUITE 330

City COLUMBUS State OH Zip Code 43219

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
9500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : SA11C.113335

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 4111 BRIDGEWAY AVENUE

City COLUMBUS State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C C00481309**

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
04 / 22 / 2016

Transaction ID : SA11C.113149

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 73 OF 190
	<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)
NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00459123**

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
 04 / 22 / 2016

Transaction ID : SA11C.113134

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NFIB SAFE TRUST

Mailing Address 1201 F ST NW SUITE 200

City State Zip Code
WASHINGTON DC 20004

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11C.113155

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NORTH SIDE GOOD GOVERNMENT

Mailing Address 3400 WATER ST S

City State Zip Code
PITTSBURGH PA 15203

FEC ID number of contributing federal political committee. **C C00295600**

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
 04 / 25 / 2016

Transaction ID : SA11C.113192

Amount of Each Receipt this Period
3000.00

Memo Item

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

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

9000.00

**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 190
	<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)
NRA-POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL RD

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11C.113007

Amount of Each Receipt this Period
2450.00

Memo Item

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

Mailing Address 1605 KING ST

City State Zip Code
ALEXANDRIA VA 22314

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

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
 06 / 30 / 2016

Transaction ID : SA11C.113631

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
OFFSHORE MARINE SERVICE ASSOCIATION PAC

Mailing Address 935 GRAAVIER STREET
SUITE 2040

City State Zip Code
NEW ORLEANS LA 70112

FEC ID number of contributing federal political committee. **C** C00455584

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11C.113001

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

8450.00

**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 190
	<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 ADVERTISING ASSOC OF AMERICA PAC

Mailing Address 1850 M ST NW
SUITE 1040

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00045781**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11C.113594

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
OWNER OPERATOR INDEPENDENT DRIVERS

Mailing Address 122 C ST NW
SUITE 520

City WASHINGTON State DC Zip Code 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
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11C.113595

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PARSONS BRINCKERHOFF INC PAC

Mailing Address

City State Zip Code DC

FEC ID number of contributing federal political committee. **C C00287003**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11C.113598

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 190
	<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)
PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)

Mailing Address 7804 EVENING LANE

City ALEXANDRIA State VA Zip Code 22306

FEC ID number of contributing federal political committee. **C C00363770**

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
 04 / 22 / 2016

Transaction ID : SA11C.113140

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address PO BOX 823047

City DALLAS State TX Zip Code 75382

FEC ID number of contributing federal political committee. **C C00303305**

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
 04 / 22 / 2016

Transaction ID : SA11C.113146

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00325357**

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
 04 / 26 / 2016

Transaction ID : SA11C.113265

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

12000.00

**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 190
	<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)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 MASSACHUSETTS AVENUE, NE
1ST FLOOR

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

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
 05 / 09 / 2016

Transaction ID : SA11C.113373

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PROJECT WEST POLITICAL ACTION COMMITTEE

Mailing Address 9227 EAST LINCOLN AVENUE #200-435

City LONE TREE State CO Zip Code 80124

FEC ID number of contributing federal political committee. **C** C00525543

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
 04 / 22 / 2016

Transaction ID : SA11C.113138

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
RANDY HULTGREN FOR CONGRESS

Mailing Address PO BOX 717

City ST CHARLES State IL Zip Code 60174

FEC ID number of contributing federal political committee. **C** C00467522

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
 04 / 26 / 2016

Transaction ID : SA11C.113256

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 78 OF 190
	<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)
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
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11C.113600

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
REAL ESTATE ROUNDTABLE POLITICAL ACTION COMMITTEE (REALPAC)

Mailing Address 801 PENNSYLVANIA AVENUE SUITE 720

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00033779**

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
 04 / 26 / 2016

Transaction ID : SA11C.113327

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
REYNOLDS AMERICAN INC. PAC

Mailing Address PO BOX 718 401 N. MAIN STREET

City WINSTON SALEM State NC Zip Code 27102

FEC ID number of contributing federal political committee. **C C00042002**

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
 04 / 26 / 2016

Transaction ID : SA11C.113331

Amount of Each Receipt this Period
2500.00

Memo Item

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 79 OF 190
	<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)
ROAD TO FREEDOM POLITICAL ACTION COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00486043**

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
04 / 26 / 2016

Transaction ID : SA11C.113292

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
S&B PAC

Mailing Address 7825 PARK PLACE BLVD

City State Zip Code
HOUSTON TX 77087

FEC ID number of contributing federal political committee. **C C00236083**

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
04 / 26 / 2016

Transaction ID : SA11C.113322

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City State Zip Code
JEFFERSON LA 70183

FEC ID number of contributing federal political committee. **C C00394957**

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
04 / 22 / 2016

Transaction ID : SA11C.113154

Amount of Each Receipt this Period
2000.00

Memo Item

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 80 OF 190
	<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)
SEAFARERS POLITICAL ACTIVITY DONATION PAC

Mailing Address 5201 AUTH WAY

City State Zip Code
CAMP SPRINGS MD 20746

FEC ID number of contributing federal political committee. **C C00004325**

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
04 / 18 / 2016

Transaction ID : SA11C.113032

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SHIPBUILDERS COUNCIL OF AMERICA PAC

Mailing Address 1455 F ST. NW
SUITE 225

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00374355**

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
04 / 18 / 2016

Transaction ID : SA11C.113012

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 300 NEW JERSEY AVENUE, NW
SUITE 1000

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00353797**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : SA11C.112914

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 81 OF 190
	<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)
SIEMENS CORPORATION PAC

Mailing Address 300 NEW JERSEY AVENUE, NW
SUITE 1000

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00353797**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11C.113162

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 300 NEW JERSEY AVENUE, NW
SUITE 1000

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00353797**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11C.113163

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SNR DENTON US LLP POLITICAL ACTION COMMITTEE

Mailing Address 1301 K STREET NW
SUITE 600 EAST TOWER

City WASHINGTON State DC Zip Code 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
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11C.113150

Amount of Each Receipt this Period
2000.00

Memo Item

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 82 OF 190
	<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)
SOUTHERN COMPANY EMPLOYEES PAC

Mailing Address 601 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11C.113333

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SPECTRA ENERGY DCP PAC

Mailing Address 5400 WESTHEIMER CT

City HOUSTON State TX Zip Code 77056

FEC ID number of contributing federal political committee. **C** C00429662

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
 04 / 11 / 2016

Transaction ID : SA11C.112913

Amount of Each Receipt this Period
 3000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SSA MARINE INC. GOOD GOVERNMENT FUND

Mailing Address 1131 SW KLUCKITAT WAY

City SEATTLE State WA Zip Code 98134

FEC ID number of contributing federal political committee. **C** C00397893

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
 06 / 20 / 2016

Transaction ID : SA11C.113590

Amount of Each Receipt this Period
 5000.00

Memo Item

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

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

10500.00

**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 190
	<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)
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. Mailing Address **ONE STATE FARM PLAZA**
C/O MARK SCHWAMBERGER, TREASURER.
City **BLOOMINGTON** State **IL** Zip Code **61710**

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2016
Transaction ID : SA11C.113035

FEC ID number of contributing federal political committee. **C C00544817**

Amount of Each Receipt this Period
1500.00
 Memo Item

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date
5000.00

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

Mailing Address **4679 WINTERSET DR**
City **COLUMBUS** State **OH** Zip Code **43220**

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2016
Transaction ID : SA11C.113193

FEC ID number of contributing federal political committee. **C C00441352**

Amount of Each Receipt this Period
2000.00
 Memo Item

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date
2000.00

C. Full Name (Last, First, Middle Initial)
THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address **PO BOX 1734**
City **ATLANTA** State **GA** Zip Code **30301**

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2016
Transaction ID : SA11C.113175

FEC ID number of contributing federal political committee. **C C00012468**

Amount of Each Receipt this Period
5000.00
 Memo Item

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date
5000.00

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: PAGE 84 OF 190
(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)
THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00467431

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
 04 / 22 / 2016

Transaction ID : SA11C.113153

Amount of Each Receipt this Period
 5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THE GOODYEAR TIRE & RUBBER COMPANY GOOD GOVERNMENT FUND (GOODYEAR GOOD GOVERNMENT FUND)

Mailing Address 200 INNOVATION WAY

City Akron State OH Zip Code 44316

FEC ID number of contributing federal political committee. **C** C00100131

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
 04 / 22 / 2016

Transaction ID : SA11C.113167

Amount of Each Receipt this Period
 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THORNBERRY FOR CONGRESS COMMITTEE

Mailing Address PO BOX 9392

City Amarillo State TX Zip Code 79105

FEC ID number of contributing federal political committee. **C** C00286187

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
 04 / 22 / 2016

Transaction ID : SA11C.113132

Amount of Each Receipt this Period
 2000.00

Memo Item

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

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

9500.00

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

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

FOR LINE NUMBER: PAGE 85 OF 190
(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)
THORNBERRY FOR CONGRESS COMMITTEE

Mailing Address PO BOX 9392

City State Zip Code
AMARILLO TX 79105

FEC ID number of contributing federal political committee. **C C00286187**

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
 04 / 22 / 2016

Transaction ID : SA11C.113133

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TRANSPORT WORKERS UNION PAC

Mailing Address 501 3RD STREET NW 9TH FL

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00008268**

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
 04 / 26 / 2016

Transaction ID : SA11C.113337

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
TRANSPORTATION TRADES DEPARTMENT AFL-CIO PAC

Mailing Address 815 16TH ST NW
4TH FLOOR

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00280909**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11C.113141

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 86 OF 190
(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)
TRANSPORTATION TRADES DEPARTMENT AFL-CIO PAC

Mailing Address 815 16TH ST NW
4TH FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00280909**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11C.113142

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Mailing Address 228 S. WASHINGTON STREET
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00330720**

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
 04 / 26 / 2016

Transaction ID : SA11C.113263

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
TYCO INTERNATIONAL MANAGEMENT COMPANY EMPLOYEES POLITICAL ACTION COMMITTEE (TYCO EMPLOYEES)

Mailing Address 9 ROSZEL ROAD

City PRINCETON State NJ Zip Code 08540

FEC ID number of contributing federal political committee. **C C00113753**

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
 06 / 29 / 2016

Transaction ID : SA11C.113601

Amount of Each Receipt this Period
2500.00

Memo Item

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 87 OF 190
	<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)
UNITED MOTORCOACH ASSOCIATION PAC

Mailing Address 113 WEST ST FOURTH FLOOR S

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11C.113033

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
UNITED MOTORCOACH ASSOCIATION PAC

Mailing Address 113 WEST ST FOURTH FLOOR S

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11C.113034

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA EMPLOYEE PAC

Mailing Address 9800 FREDERICKSBURG ROAD

City State Zip Code
SAN ANTONIO TX 78288

FEC ID number of contributing federal political committee. **C C00164145**

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
 05 / 16 / 2016

Transaction ID : SA11C.113423

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

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 88 OF 190
	<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)
UNITED TECHNOLOGIES CORP PAC

Mailing Address 1101 PENNSYLVANIA AVE NW 10TH FLOOR

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00035683

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
 04 / 22 / 2016

Transaction ID : SA11C.113164

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)

Mailing Address 9900 BREN ROAD EAST

City MINNETONKA State MN Zip Code 55343

FEC ID number of contributing federal political committee. **C** C00274431

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
 04 / 26 / 2016

Transaction ID : SA11C.113332

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
US ONCOLOGY INC. NETWORK POLITICAL ACTION COMMITTEE

Mailing Address 10101 WOODLOCH FOREST DRIVE

City THE WOODLANDS State TX Zip Code 77380

FEC ID number of contributing federal political committee. **C** C00339655

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
 04 / 22 / 2016

Transaction ID : SA11C.113159

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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 89 OF 190
	<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)
VALERO PAC

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SUITE 900, NORTH BUILDING

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00109546**

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
 06 / 30 / 2016

Transaction ID : SA11C.113639

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address PO BOX 70002

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C C00369660**

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
 04 / 14 / 2016

Transaction ID : SA11C.112987

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATION INC GOOD GOVT

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
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.113637

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

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 90 OF 190
	<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)
VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC)

Mailing Address 22780 INDIAN CREEK DRIVE, STE 100

City State Zip Code
DULLES VA 20166

FEC ID number of contributing federal political committee. **C** C00431403

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
 04 / 22 / 2016

Transaction ID : SA11C.113148

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WESTINGHOUSE ELECTRIC COMPANY LLC PAC

Mailing Address 1775 PENNSYLVANIA AVE NW
SUITE 250

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00346361

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : SA11C.112993

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

3000.00

340900.00

**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 190
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)
CARLIN AND ASSOCIATES INSURANCE

Mailing Address PO BOX 1269

City ALTOONA State PA Zip Code 16603

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **241.02**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : SA14.113535

Amount of Each Receipt this Period
 217.62

Memo Item
REFUND

B. Full Name (Last, First, Middle Initial)
CARLIN AND ASSOCIATES INSURANCE

Mailing Address PO BOX 1269

City ALTOONA State PA Zip Code 16603

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **241.02**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : SA14.113536

Amount of Each Receipt this Period
 23.40

Memo Item
REFUND

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

241.02

241.02

**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 92 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 814 CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 5827 COLFAX AVE.		Amount of Each Disbursement this Period 7517.88
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement FUNDRAISING CONSULTING 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.112906
State: District:		

Full Name (Last, First, Middle Initial) B. 814 CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 5827 COLFAX AVE.		Amount of Each Disbursement this Period 7596.14
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement FUNDRAISING CONSULTING 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113378
State: District:		

Full Name (Last, First, Middle Initial) C. 814 CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 5827 COLFAX AVE.		Amount of Each Disbursement this Period 6664.87
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement FUNDRAISING CONSULTING 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113538
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	21778.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016		
Mailing Address 1 ADP BLVD			Amount of Each Disbursement this Period 127.86		
City ROSELAND	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PAYROLL FEES		Category/ Type 001			
Candidate Name			Transaction ID : SB17.113017		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. ADP			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016		
Mailing Address 1 ADP BLVD			Amount of Each Disbursement this Period 7.00		
City ROSELAND	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PAYROLL FEES		Category/ Type 001			
Candidate Name			Transaction ID : SB17.113602		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. ADP			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016		
Mailing Address 1 ADP BLVD			Amount of Each Disbursement this Period 4532.77		
City ROSELAND	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001			
Candidate Name			Transaction ID : SB17.113603		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	4667.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 10957.64
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement SEE MEMO ENTRIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113604
Office Sought: <input type="checkbox"/> House <input 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. JOEY BROWN		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 210 BIG POND RD		Amount of Each Disbursement this Period 1947.65
City SHIPPENSBURG	State PA	
Zip Code 17257	Purpose of Disbursement SALARY	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113656
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANDREW GROSSMAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 3714 LEYLAND DR		Amount of Each Disbursement this Period 1567.60
City MECHANICSBURG	State PA	
Zip Code 17050	Purpose of Disbursement SALARY	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113657
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10957.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EMILY KURTZ			Date of Disbursement MM / DD / YYYY 04 / 28 / 2016		
Mailing Address 368 HEUSTON RD			Amount of Each Disbursement this Period 1736.70		
City ROARING SPRING	State PA	Zip Code 16673	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113658		
Purpose of Disbursement SALARY		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. MS. JENNIFER MEARKLE			Date of Disbursement MM / DD / YYYY 04 / 28 / 2016		
Mailing Address 3022 BROAD AVE			Amount of Each Disbursement this Period 170.88		
City ALTOONA	State PA	Zip Code 16601	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113659		
Purpose of Disbursement SALARY		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) C. TYLER MENZLER			Date of Disbursement MM / DD / YYYY 04 / 28 / 2016		
Mailing Address 701 THOMPSON AVE			Amount of Each Disbursement this Period 2080.04		
City DONORA	State PA	Zip Code 15033	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113660		
Purpose of Disbursement SALARY		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: _____				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BRITTANY PSYHOGIOS-SMITH			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016		
Mailing Address 700 S. COURTHOUSE RD. #404			Amount of Each Disbursement this Period 834.60		
City ARLINGTON	State VA	Zip Code 22204	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113661		
Purpose of Disbursement SALARY		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. MR. WILLIAM STRAESSER			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016		
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 2620.17		
City ALTOONA	State PA	Zip Code 16603	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113662		
Purpose of Disbursement SALARY		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) C. ADP			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016		
Mailing Address 1 ADP BLVD			Amount of Each Disbursement this Period 127.86		
City ROSELAND	State NJ	Zip Code 07068	<input type="checkbox"/> Memo Item Transaction ID : SB17.113605		
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: _____				

SUBTOTAL of Disbursements This Page (optional).....	127.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
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	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113606
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 6438.68
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement SEE MEMO ENTRIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113607
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANDREW GROSSMAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 3714 LEYLAND DR		Amount of Each Disbursement this Period 1567.60
City MECHANICSBURG	State PA	
Zip Code 17050	Purpose of Disbursement SALARY	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113652
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6445.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MS. JENNIFER MEARKLE			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016		
Mailing Address 3022 BROAD AVE			Amount of Each Disbursement this Period 170.88		
City ALTOONA	State PA	Zip Code 16601	<input type="checkbox"/> Memo Item Transaction ID : SB17.113653		
Purpose of Disbursement SALARY		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. TYLER MENZLER			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016		
Mailing Address 701 THOMPSON AVE			Amount of Each Disbursement this Period 2080.04		
City DONORA	State PA	Zip Code 15033	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113654		
Purpose of Disbursement SALARY		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) C. MR. WILLIAM STRAESSER			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016		
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 2620.16		
City ALTOONA	State PA	Zip Code 16603	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113655		
Purpose of Disbursement SALARY		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: _____				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 2648.89
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113608
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 322.15
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113609
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 834.60
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement SEE MEMO ENTRY	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113610
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3805.64
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BRITTANY PSYHOGIOS-SMITH		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
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 Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113651
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement MM / DD / YYYY 06 / 03 / 2016
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 Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113611
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 06 / 10 / 2016
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 115.28
City ROSELAND State NJ Zip Code 07068	Purpose of Disbursement PAYROLL FEES Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113612
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	236.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement
Mailing Address 1 ADP BLVD		M M / D D / Y Y Y Y 06 / 24 / 2016
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL FEES	Amount of Each Disbursement this Period 7.00	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113642
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement
Mailing Address 1 ADP BLVD		M M / D D / Y Y Y Y 06 / 29 / 2016
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 2927.90	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113644
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement
Mailing Address 1 ADP BLVD		M M / D D / Y Y Y Y 06 / 30 / 2016
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement SEE MEMO ENTRIES	Amount of Each Disbursement this Period 7273.29	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113643
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	10208.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 190			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANDREW GROSSMAN			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 3714 LEYLAND DR			Amount of Each Disbursement this Period 1567.60		
City MECHANICSBURG	State PA	Zip Code 17050	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113646		
Purpose of Disbursement SALARY		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. MS. JENNIFER MEARKLE			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 3022 BROAD AVE			Amount of Each Disbursement this Period 170.88		
City ALTOONA	State PA	Zip Code 16601	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113647		
Purpose of Disbursement SALARY		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) C. TYLER MENZLER			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 701 THOMPSON AVE			Amount of Each Disbursement this Period 2080.04		
City DONORA	State PA	Zip Code 15033	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113648		
Purpose of Disbursement SALARY		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: _____				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BRITTANY PSYHOGIOS-SMITH			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 700 S. COURTHOUSE RD. #404			Amount of Each Disbursement this Period 834.60	
City ARLINGTON	State VA	Zip Code 22204	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113649	
Purpose of Disbursement SALARY		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. MR. WILLIAM STRAESSER			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 2620.17	
City ALTOONA	State PA	Zip Code 16603	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113650	
Purpose of Disbursement SALARY		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) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 28183.14	
City NEWARK	State NJ	Zip Code 07101	<input type="checkbox"/> Memo Item Transaction ID : SB17.113060	
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:				

SUBTOTAL of Disbursements This Page (optional).....	28183.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address PO BOX 9001309		Amount of Each Disbursement this Period 50.00
City LOUISVILLE State KY Zip Code 40290	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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113061
State: District:		

Full Name (Last, First, Middle Initial) B. HILL COUNTRY BBQ		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 410 7TH STREET NW		Amount of Each Disbursement this Period 618.64
City WASHINGTON State DC Zip Code 20004	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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113062
State: District:		

Full Name (Last, First, Middle Initial) C. SHEETZ INC		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 201.66
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement TRAVEL 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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113063
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement MM / DD / YYYY 04 / 18 / 2016
Mailing Address 400 N CAPITOL STREET NW		Amount of Each Disbursement this Period 452.00
City WASHINGTON State DC Zip Code 20001	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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113064
State: District:		

Full Name (Last, First, Middle Initial) B. HILTON HARRISBURG AND TOWERS		Date of Disbursement MM / DD / YYYY 04 / 18 / 2016
Mailing Address ONE NORTH SECOND STREET		Amount of Each Disbursement this Period 786.21
City HARRISBURG State PA Zip Code 17101	Purpose of Disbursement LODGING 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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113065
State: District:		

Full Name (Last, First, Middle Initial) C. MONACO		Date of Disbursement MM / DD / YYYY 04 / 18 / 2016
Mailing Address 620 WILLIAM PENN PLACE		Amount of Each Disbursement this Period 1011.95
City PITTSBURGH State PA Zip Code 15219	Purpose of Disbursement LODGING 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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113066
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address 2 CONVENTION CENTER BLVD			Amount of Each Disbursement this Period 188.24	
City ALTOONA	State PA	Zip Code 16602	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113067	
Purpose of Disbursement LODGING		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. NEW YORK RACING ASSOCIATION			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address 11000 ROCKAWAY BLVD			Amount of Each Disbursement this Period 200.00	
City JAMAICA	State NY	Zip Code 11420	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113068	
Purpose of Disbursement EVENT TICKETS		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) C. ALTOONA GRAND HOTEL			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address 1 SHERATON DR.			Amount of Each Disbursement this Period 794.94	
City ALTOONA	State PA	Zip Code 16601	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113069	
Purpose of Disbursement LODGING		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:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 800 MARKET STREET 7TH FLOOR		Amount of Each Disbursement this Period 46.67
City SAN FRANCISCO	State CA	
Zip Code 94115	Purpose of Disbursement TRAVEL EXPENSE	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113070
State: District:		

Full Name (Last, First, Middle Initial) B. DEL FRISCO GRILLE		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 50 ROCKEFELLER PLAZA		Amount of Each Disbursement this Period 1930.51
City NEW YORK	State NY	
Zip Code 10020	Purpose of Disbursement EVENT CATERING	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113072
State: District:		

Full Name (Last, First, Middle Initial) C. MENU'S CATERING		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 655 TAYLOR ST NE		Amount of Each Disbursement this Period 544.54
City WASHINGTON	State DC	
Zip Code 20017	Purpose of Disbursement EVENT CATERING	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113073
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACQUA AL 2		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 212 7TH STREET SOUTHEAST		Amount of Each Disbursement this Period 3508.70
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement EVENT CATERING	
Candidate Name	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113074
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 300 FIRST STREET SE		Amount of Each Disbursement this Period 300.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113089
State: District:		

Full Name (Last, First, Middle Initial) C. SHEETZ INC		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 130.87
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113090
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LENA'S CAFE		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 2000 EIGHTH AVENUE		Amount of Each Disbursement this Period 210.00
City ALTOONA	State PA Zip Code 16602	
Purpose of Disbursement MEETING EXPENSE	Candidate Name	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113091
State: District:		

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 2 CONVENTION CENTER BLVD		Amount of Each Disbursement this Period 175.01
City ALTOONA	State PA Zip Code 16602	
Purpose of Disbursement LODGING	Candidate Name	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113092
State: District:		

Full Name (Last, First, Middle Initial) C. EXXON		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 542 SOUTH CENTER STREET		Amount of Each Disbursement this Period 124.99
City EBENSBURG	State PA Zip Code 15931	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113093
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SCHNEIDERS OF CAPITOL HILL			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address 300 MASSACHUSETTS AVENUE NE			Amount of Each Disbursement this Period 559.61	
City WASHINGTON	State DC	Zip Code 20002	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113095	
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. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address PO BOX 619612 MD 2400			Amount of Each Disbursement this Period 666.20	
City DALLAS	State TX	Zip Code 75261	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113096	
Purpose of Disbursement AIRFARE		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) C. CAPITAL GRILLE			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address 601 PENNSYLVANIA AVE. NW			Amount of Each Disbursement this Period 1930.93	
City WASHINGTON	State DC	Zip Code 20004	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113097	
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:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 04 / 18 / 2016
Mailing Address 1200 E ALGONQUIN ROAD		Amount of Each Disbursement this Period 462.10
City ELK GROVE VILLAGE	State IL	
Zip Code 60007	Purpose of Disbursement AIRFARE	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113098
State: District:		

Full Name (Last, First, Middle Initial) B. DEL FRISCO GRILLE		Date of Disbursement MM / DD / YYYY 04 / 18 / 2016
Mailing Address 50 ROCKEFELLER PLAZA		Amount of Each Disbursement this Period 3857.30
City NEW YORK	State NY	
Zip Code 10020	Purpose of Disbursement EVENT CATERING	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113099
State: District:		

Full Name (Last, First, Middle Initial) C. MONACO		Date of Disbursement MM / DD / YYYY 04 / 18 / 2016
Mailing Address 620 WILLIAM PENN PLACE		Amount of Each Disbursement this Period 595.36
City PITTSBURGH	State PA	
Zip Code 15219	Purpose of Disbursement TRAVEL EXPENSE	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113100
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MINDFUL CATERING			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address 212 7TH ST SE			Amount of Each Disbursement this Period 5397.40	
City WASHINGTON	State DC	Zip Code 20003	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113101	
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. SAMS CLUB			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address PO BOX 9001907			Amount of Each Disbursement this Period 45.00	
City LOUISVILLE	State KY	Zip Code 40290	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113102	
Purpose of Disbursement EVENT SUPPLIES		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) C. HAMPTON INN			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address 180 CHARLOTTE DRIVE			Amount of Each Disbursement this Period 294.32	
City ALTOONA	State PA	Zip Code 16601	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113103	
Purpose of Disbursement LODGING		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:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE GEORGIAN INN OF SOMERSET		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 800 GEORGIAN PLACE DRIVE		Amount of Each Disbursement this Period 1865.00
City SOMERSET State PA Zip Code 15501	Purpose of Disbursement LODGING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113105
Office Sought: <input type="checkbox"/> House <input 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. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 7595.30
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement SEE MEMO ENTRIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113379
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HUNAN DYNASTY		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 215 PENNSYLVANIA AVENUE		Amount of Each Disbursement this Period 77.17
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113411
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7595.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WE THE PIZZA			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016		
Mailing Address 305 PENNSYLVANIA AVENUE SE			Amount of Each Disbursement this Period 145.71		
City WASHINGTON	State DC	Zip Code 20003	<input type="checkbox"/> Memo Item Transaction ID : SB17.113412		
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. TRAVEL LODGE			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016		
Mailing Address 565 LINCOLN WAY E			Amount of Each Disbursement this Period 79.48		
City CHAMBERSBURG	State PA	Zip Code 17201	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113414		
Purpose of Disbursement LODGING		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) C. AMAZON.COM			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016		
Mailing Address 2646 RAINIER AVENUE S			Amount of Each Disbursement this Period 149.50		
City SEATTLE	State WA	Zip Code 98144	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113415		
Purpose of Disbursement OFFICE SUPPLIES		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:					

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. APPLE STORE		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 1100 S HAYES STREET LOT P04-A		Amount of Each Disbursement this Period 934.28
City ARLINGTON	State VA Zip Code 22202	
Purpose of Disbursement OFFICE EQUIPMENT	Candidate Name	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113416
State: District:		

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 1 HACKER WAY		Amount of Each Disbursement this Period 954.77
City MENLO PARK	State CA Zip Code 94025	
Purpose of Disbursement ADVERTISING	Candidate Name	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113417
State: District:		

Full Name (Last, First, Middle Initial) C. SHEETZ INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 25.20
City ALTOONA	State PA Zip Code 16602	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113419
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE BLAIRMONT CLUB			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 145 LARCH STREET			Amount of Each Disbursement this Period 4951.01
City HOLLIDAYSBURG	State PA	Zip Code 16648	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	<input checked="" type="checkbox"/> 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)		Transaction ID : SB17.113420
State: District:			

Full Name (Last, First, Middle Initial) B. FIOLA			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 601 PENNSYLVANIA AVENUE NW			Amount of Each Disbursement this Period 95.20
City WASHINGTON	State DC	Zip Code 20004	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	<input checked="" type="checkbox"/> 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)		Transaction ID : SB17.113421
State: District:			

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 12684.94
City NEWARK	State NJ	Zip Code 07101	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001	<input type="checkbox"/> 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)		Transaction ID : SB17.113502
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	12684.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WE THE PIZZA		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 305 PENNSYLVANIA AVENUE SE		Amount of Each Disbursement this Period 346.61
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113503
State: District:		

Full Name (Last, First, Middle Initial) B. AMAZON.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 2646 RAINIER AVENUE S		Amount of Each Disbursement this Period 47.99
City SEATTLE State WA Zip Code 98144	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113504
State: District:		

Full Name (Last, First, Middle Initial) C. EXXON		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 542 SOUTH CENTER STREET		Amount of Each Disbursement this Period 43.70
City EBENSBURG State PA Zip Code 15931	Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113506
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TARGET		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 153 SIERRA DRIVE		Amount of Each Disbursement this Period 115.36
City ALTOONA State PA Zip Code 16603	Purpose of Disbursement OFFICE SUPPLIES 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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113507
State: District:		

Full Name (Last, First, Middle Initial) B. SHEETZ INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 42.53
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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113508
State: District:		

Full Name (Last, First, Middle Initial) C. HUNAN DYNASTY		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 215 PENNSYLVANIA AVENUE		Amount of Each Disbursement this Period 62.70
City WASHINGTON State DC Zip Code 20003	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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113509
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement MM / DD / YYYY 05 / 23 / 2016
Mailing Address 1 HACKER WAY		Amount of Each Disbursement this Period 1360.88
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement ADVERTISING	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113510
State: District:		

Full Name (Last, First, Middle Initial) B. SCHNEIDERS OF CAPITOL HILL		Date of Disbursement MM / DD / YYYY 05 / 23 / 2016
Mailing Address 300 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 1266.65
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement EVENT SUPPLIES	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113511
State: District:		

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 05 / 23 / 2016
Mailing Address 2 CONVENTION CENTER BLVD		Amount of Each Disbursement this Period 98.93
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement TRAVEL EXPENSE	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113512
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE CAPITAL GRILLE			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address 601 PENNSYLVANIA AVENUE, NW			Amount of Each Disbursement this Period 90.00	
City WASHINGTON	State DC	Zip Code 20004	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113513	
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. THE BLAIRMONT CLUB			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address 145 LARCH STREET			Amount of Each Disbursement this Period 996.78	
City HOLLIDAYSBURG	State PA	Zip Code 16648	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113515	
Purpose of Disbursement TRAVEL 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) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 249.40	
City NEWARK	State NJ	Zip Code 07101	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113516	
Purpose of Disbursement INTEREST		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:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 14557.07
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement SEE MEMO ENTRIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113547
Office Sought: <input type="checkbox"/> House <input 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. SEI RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 444 7TH STREET NW		Amount of Each Disbursement this Period 115.00
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement MEETING EXPENSE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113548
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address PO BOX 9001309		Amount of Each Disbursement this Period 220.00
City LOUISVILLE	State KY	
Zip Code 40290	Purpose of Disbursement TELEPHONE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113549
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14557.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. FRESH CONNECTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 1114 HERNDON PKWY

City HERNDON State VA Zip Code 20170

Purpose of Disbursement
EVENT CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 06 / 13 / 2016

Amount of Each Disbursement this Period: 411.91

Memo Item

Transaction ID : SB17.113550

B. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 06 / 13 / 2016

Amount of Each Disbursement this Period: 11.08

Memo Item

Transaction ID : SB17.113551

C. WEIS MARKETS

Full Name (Last, First, Middle Initial)
Mailing Address 601 PLEASANT VALLEY BLVD

City ALTOONA State PA Zip Code 16602

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 06 / 13 / 2016

Amount of Each Disbursement this Period: 141.11

Memo Item

Transaction ID : SB17.113552

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HILTON GARDEN INN		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 955 LESHER RD		Amount of Each Disbursement this Period 1027.94
City CHAMBERSBURG	State PA	
Zip Code 17202	Purpose of Disbursement TRAVEL EXPENSE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113553
Office Sought: <input type="checkbox"/> House <input 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. WINES AND SPIRITS STORE		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 3415 PLEASANT VALLEY BLVD		Amount of Each Disbursement this Period 637.74
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement EVENT BEVERAGES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113554
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SHEETZ INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 117.46
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement TRAVEL EXPENSE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113555
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EXXON		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 542 SOUTH CENTER STREET		Amount of Each Disbursement this Period 145.39
City EBENSBURG	State PA Zip Code 15931	
Purpose of Disbursement TRAVEL EXPENSE	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.113557	
Office Sought: <input type="checkbox"/> House <input 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. OCEANAIRE RESTAURANT		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 1201 F STREET NW		Amount of Each Disbursement this Period 494.00
City WASHINGTON	State DC Zip Code 20004	
Purpose of Disbursement EVENT CATERING	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.113558	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DEL FRISCO GRILLE		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 50 ROCKEFELLER PLAZA		Amount of Each Disbursement this Period 3306.69
City NEW YORK	State NY Zip Code 10020	
Purpose of Disbursement EVENT CATERING	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.113560	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RISTORANTE TOSCA			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 1112 F STREET NW			Amount of Each Disbursement this Period 570.00	
City WASHINGTON	State DC	Zip Code 20004	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113562	
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. ACQUA AL 2			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 212 7TH STREET SOUTHEAST			Amount of Each Disbursement this Period 2248.48	
City WASHINGTON	State DC	Zip Code 20003	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113563	
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) C. KINGS FAMILY RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 1180 NORTH CENTER AVENUE			Amount of Each Disbursement this Period 43.00	
City SOMERSET	State PA	Zip Code 15501	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113564	
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: _____			

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TOM AND JOES RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 1201 13TH AVENUE		Amount of Each Disbursement this Period 72.00
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113567
State: District:		

Full Name (Last, First, Middle Initial) B. LENA'S CAFE		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 2000 EIGHTH AVENUE		Amount of Each Disbursement this Period 500.00
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement EVENT CATERING 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113568
State: District:		

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 2 CONVENTION CENTER BLVD		Amount of Each Disbursement this Period 3069.67
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113570
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 800 MARKET STREET 7TH FLOOR		Amount of Each Disbursement this Period 26.05
City SAN FRANCISCO	State CA	
Zip Code 94115	Purpose of Disbursement TRAVEL EXPENSE	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113571
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 1200 E ALGONQUIN ROAD		Amount of Each Disbursement this Period 883.20
City ELK GROVE VILLAGE	State IL	
Zip Code 60007	Purpose of Disbursement AIRFARE	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113572
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 80.65
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement CC TRANSACTION FEES	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113613
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	80.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 20.25	
City NEWARK	State NJ	Zip Code 07101	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.113645	
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. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016	
Mailing Address 5555 HILTON STE 106			Amount of Each Disbursement this Period 39.30	
City BATON ROGUE	State LA	Zip Code 70808	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.113013	
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) C. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016	
Mailing Address 5555 HILTON STE 106			Amount of Each Disbursement this Period 42.33	
City BATON ROGUE	State LA	Zip Code 70808	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.113614	
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:				

SUBTOTAL of Disbursements This Page (optional).....	101.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 5555 HILTON STE 106		Amount of Each Disbursement this Period 241.02
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CC TRANSACTION FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113664
Office Sought: <input type="checkbox"/> House <input 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. ATLANTIC BROADBAND		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address BOX 371801		Amount of Each Disbursement this Period 462.92
City PITTSBURGH	State PA	
Zip Code 15250	Purpose of Disbursement INTERNET	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113429
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BEDFORD CO. CHAMBER OF COMMERCE		Date of Disbursement MM / DD / YYYY 05 / 23 / 2016
Mailing Address 125 S. JULIANA STREET		Amount of Each Disbursement this Period 250.00
City BEDFORD	State PA	
Zip Code 15522	Purpose of Disbursement EVENT TICKETS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113481
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	953.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BENZELS BRETZEL BAKERY			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016	
Mailing Address 5200 SIXTH AVENUE			Amount of Each Disbursement this Period 80.00	
City ALTOONA	State PA	Zip Code 16602	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.113271	
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. BENZELS BRETZEL BAKERY			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016	
Mailing Address 5200 SIXTH AVENUE			Amount of Each Disbursement this Period 60.00	
City ALTOONA	State PA	Zip Code 16602	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.113365	
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) C. BENZELS BRETZEL BAKERY			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016	
Mailing Address 5200 SIXTH AVENUE			Amount of Each Disbursement this Period 45.00	
City ALTOONA	State PA	Zip Code 16602	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.113583	
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: _____			

SUBTOTAL of Disbursements This Page (optional)	185.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BERKE FARAH LLP			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016		
Mailing Address 2101 L STREET NW STE. 1000			Amount of Each Disbursement this Period 1500.00		
City WASHINGTON	State DC	Zip Code 20037	Memo Item <input type="checkbox"/>		
Purpose of Disbursement LEGAL CONSULTING		Category/ Type 001	Transaction ID : SB17.113381		
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. BERKE FARAH LLP			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016		
Mailing Address 2101 L STREET NW STE. 1000			Amount of Each Disbursement this Period 1500.00		
City WASHINGTON	State DC	Zip Code 20037	Memo Item <input type="checkbox"/>		
Purpose of Disbursement LEGAL CONSULTING		Category/ Type 001	Transaction ID : SB17.113539		
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) C. BLAIR CO CHAMBER OF COMMERCE			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016		
Mailing Address 3900 INDUSTRIAL PARK DRIVE SUITE 12			Amount of Each Disbursement this Period 300.00		
City ALTOONA	State PA	Zip Code 16602	Memo Item <input type="checkbox"/>		
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	Transaction ID : SB17.113200		
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:					

SUBTOTAL of Disbursements This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BLAIR COUNTY CONVENTION CENTER		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address ONE CONVENTION CENTER DR.		Amount of Each Disbursement this Period 4787.17 <input type="checkbox"/> Memo Item Transaction ID : SB17.113382
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement EVENT FACILITY RENTAL / 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. BLAIR COUNTY WAR VETERANS COUNCIL		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address C/O/ STAN AYERS 109 BUTTERFLY LANE		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.113482
City PORT MATILDA State PA Zip Code 16870	Purpose of Disbursement EVENT TICKETS 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) C. MEGHAN BOOCKS		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 511 PAYNE HILL ROAD APT 212		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.113207
City JEFFERSON HILLS State PA Zip Code 15025	Purpose of Disbursement FIELD CONSULTING 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:		

SUBTOTAL of Disbursements This Page (optional).....	5587.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MEGHAN BOOCKS			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016	
Mailing Address 511 PAYNE HILL ROAD APT 212			Amount of Each Disbursement this Period 1000.00	
City JEFFERSON HILLS	State PA	Zip Code 15025	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113360	
Office Sought: <input type="checkbox"/> House <input 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. MEGHAN BOOCKS			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016	
Mailing Address 511 PAYNE HILL ROAD APT 212			Amount of Each Disbursement this Period 2000.00	
City JEFFERSON HILLS	State PA	Zip Code 15025	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113528	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. MARK BROADRICK			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016	
Mailing Address 301 SEAWAT AVENUE			Amount of Each Disbursement this Period 1200.00	
City ALTOONA	State PA	Zip Code 16601	Memo Item <input type="checkbox"/>	
Purpose of Disbursement OFFICE RENT		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113362	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARK BROADRICK			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address 301 SEAWAT AVENUE			Amount of Each Disbursement this Period 623.22	
City ALTOONA	State PA	Zip Code 16601	Memo Item <input type="checkbox"/>	
Purpose of Disbursement OFFICE RENT		Category/Type 001		
Candidate Name			Transaction ID : SB17.113492	
Office Sought: <input type="checkbox"/> House <input 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. MARK BROADRICK			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 301 SEAWAT AVENUE			Amount of Each Disbursement this Period 1200.00	
City ALTOONA	State PA	Zip Code 16601	Memo Item <input type="checkbox"/>	
Purpose of Disbursement OFFICE RENT		Category/Type 001		
Candidate Name			Transaction ID : SB17.113543	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. MARK BROADRICK			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016	
Mailing Address 301 SEAWAT AVENUE			Amount of Each Disbursement this Period 1000.00	
City ALTOONA	State PA	Zip Code 16601	Memo Item <input type="checkbox"/>	
Purpose of Disbursement OFFICE RENT		Category/Type 001		
Candidate Name			Transaction ID : SB17.113586	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	2823.22
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 135 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOEY BROWN		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 210 BIG POND RD		Amount of Each Disbursement this Period 626.89
City SHIPPENSBURG	State PA Zip Code 17257	
Purpose of Disbursement SEE MEMO ENTRIES	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113213
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. JOEY BROWN		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 210 BIG POND RD		Amount of Each Disbursement this Period 495.04
City SHIPPENSBURG	State PA Zip Code 17257	
Purpose of Disbursement MILEAGE	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113214
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 106.87
City ALBANY	State NY Zip Code 12212	
Purpose of Disbursement TELEPHONE	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113215
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	626.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOEY BROWN			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016		
Mailing Address 210 BIG POND RD			Amount of Each Disbursement this Period 1997.81		
City SHIPPENSBURG	State PA	Zip Code 17257	Memo Item <input type="checkbox"/>		
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001			
Candidate Name			Transaction ID : SB17.113400		
Office Sought: <input type="checkbox"/> House <input 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. JOEY BROWN			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016		
Mailing Address 210 BIG POND RD			Amount of Each Disbursement this Period 1387.68		
City SHIPPENSBURG	State PA	Zip Code 17257	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement MILEAGE		Category/ Type 001			
Candidate Name			Transaction ID : SB17.113401		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. VERIZON			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016		
Mailing Address PO BOX 15026			Amount of Each Disbursement this Period 258.73		
City ALBANY	State NY	Zip Code 12212	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement CELL PHONE		Category/ Type 001			
Candidate Name			Transaction ID : SB17.113402		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1997.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALTOONA GRAND HOTEL			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016	
Mailing Address 1 SHERATON DR.			Amount of Each Disbursement this Period 89.38	
City ALTOONA	State PA	Zip Code 16601	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113404	
Purpose of Disbursement LODGING		Category/ Type 001		
Candidate Name				
Office Sought:	House <input 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. SHAWN BRUBAKER			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address 149 HEMLOCK LANE			Amount of Each Disbursement this Period 204.00	
City WILLIAMSBURG	State PA	Zip Code 16693	<input type="checkbox"/> Memo Item Transaction ID : SB17.113494	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. SHAWN BRUBAKER			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address 149 HEMLOCK LANE			Amount of Each Disbursement this Period 176.00	
City WILLIAMSBURG	State PA	Zip Code 16693	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113495	
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	204.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SHAWN BRUBAKER		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 149 HEMLOCK LANE		Amount of Each Disbursement this Period 28.00
City WILLIAMSBURG	State PA	
Zip Code 16693	Purpose of Disbursement MILEAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113496
Office Sought: <input type="checkbox"/> House <input 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. CHRISTOPHER BUKI		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 1100 1ST ST SE #408		Amount of Each Disbursement this Period 316.96
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FIELD CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113392
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NANCY BULL		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 322 RIDGE AVENUE		Amount of Each Disbursement this Period 764.65
City WAYNESBORO	State PA	
Zip Code 17268	Purpose of Disbursement MILEAGE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113625
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1081.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 139 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address 300 FIRST STREET SE			Amount of Each Disbursement this Period 897.70	
City WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement EVENT CATERING		Category/Type 001		
Candidate Name			Transaction ID : SB17.113202	
Office Sought: <input type="checkbox"/> House <input 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. CARLIN AND ASSOCIATES INSURANCE			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address PO BOX 1269			Amount of Each Disbursement this Period 286.34	
City ALTOONA	State PA	Zip Code 16603	Memo Item <input type="checkbox"/>	
Purpose of Disbursement INSURANCE		Category/Type 001		
Candidate Name			Transaction ID : SB17.113284	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. CENTRAL BLAIR RECREATION COMMISSION			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016	
Mailing Address 2101 FIFTH AVENUE			Amount of Each Disbursement this Period 100.00	
City ALTOONA	State PA	Zip Code 16602	Memo Item <input type="checkbox"/>	
Purpose of Disbursement EVENT SPONSORSHIP		Category/Type 001		
Candidate Name			Transaction ID : SB17.113522	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	1284.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHARLIE FEATH SCHOLARSHIP FUND			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 204 LEAF LANE			Amount of Each Disbursement this Period 280.00	
City HOLLIDAYSBURG	State PA	Zip Code 16648	<input type="checkbox"/> Memo Item	
Purpose of Disbursement EVENT SPONSORSHIP		Category/ Type 001	Transaction ID : SB17.113621	
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. JOSHUA CHUMRIK			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address 982 WINTERSET RD.			Amount of Each Disbursement this Period 1045.18	
City EBENSBURG	State PA	Zip Code 15931	<input type="checkbox"/> Memo Item	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001	Transaction ID : SB17.113436	
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) C. JOSHUA CHUMRIK			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address 982 WINTERSET RD.			Amount of Each Disbursement this Period 637.50	
City EBENSBURG	State PA	Zip Code 15931	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.113437	
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:				

SUBTOTAL of Disbursements This Page (optional).....	1325.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOSHUA CHUMRIK			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address 982 WINTERSET RD.			Amount of Each Disbursement this Period 407.68	
City EBENSBURG	State PA	Zip Code 15931	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113438	
Purpose of Disbursement MILEAGE		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. CMDI			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016	
Mailing Address 1593 SPRING HILL ROAD SUITE 400			Amount of Each Disbursement this Period 62.45	
City TYSONS CORNER	State VA	Zip Code 22182	<input type="checkbox"/> Memo Item Transaction ID : SB17.113018	
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) C. CMDI			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016	
Mailing Address 1593 SPRING HILL ROAD SUITE 400			Amount of Each Disbursement this Period 380.85	
City TYSONS CORNER	State VA	Zip Code 22182	<input type="checkbox"/> Memo Item Transaction ID : SB17.113615	
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: _____			

SUBTOTAL of Disbursements This Page (optional)	443.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CASEY CONTRES			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016	
Mailing Address 2213 7TH AVE APT. A			Amount of Each Disbursement this Period 781.76	
City ALTOONA	State PA	Zip Code 16602	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MILEAGE		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113390	
Office Sought: <input type="checkbox"/> House <input 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. COPY RITE & BANNER ZONE			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address 301 ALLEGHENY STREET			Amount of Each Disbursement this Period 67.31	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PRINTING		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113203	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. COPY RITE & BANNER ZONE			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address 301 ALLEGHENY STREET			Amount of Each Disbursement this Period 1.59	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PRINTING		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113487	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	850.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANDREW DANIEL			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016		
Mailing Address 923 CHESTNUT ST			Amount of Each Disbursement this Period 63.58		
City INDIANA	State PA	Zip Code 15701	<input type="checkbox"/> Memo Item Transaction ID : SB17.113367		
Purpose of Disbursement TELEPHONE 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:					

Full Name (Last, First, Middle Initial) B. WILL DIXON			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016		
Mailing Address 105 ALDRICH AVE			Amount of Each Disbursement this Period 225.00		
City ALTOONA	State PA	Zip Code 16602	<input type="checkbox"/> Memo Item Transaction ID : SB17.113450		
Purpose of Disbursement FIELD 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) C. ELECTEKUSA			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016		
Mailing Address PO BOX 23715			Amount of Each Disbursement this Period 2430.46		
City CHAGRIN FALLS	State OH	Zip Code 44023	<input type="checkbox"/> Memo Item Transaction ID : SB17.113393		
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:					

SUBTOTAL of Disbursements This Page (optional).....	2719.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ELECTEKUSA			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address PO BOX 23715			Amount of Each Disbursement this Period 2322.54	
City CHAGRIN FALLS	State OH	Zip Code 44023	Memo Item <input type="checkbox"/>	
Purpose of Disbursement SOFTWARE		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113540	
Office Sought: <input type="checkbox"/> House <input 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. FIRST COMMONWEALTH BANK			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address CREDIT CARD DEPT PO BOX 0537			Amount of Each Disbursement this Period 1960.61	
City INDIANA	State PA	Zip Code 15701	Memo Item <input type="checkbox"/>	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113233	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address PLANK ROAD/ORCHARD PLAZA			Amount of Each Disbursement this Period 131.63	
City ALTOONA	State PA	Zip Code 16602	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113234	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4283.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 145 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOLIDAY INN EXPRESS		Date of Disbursement MM / DD / YYYY 04 / 25 / 2016
Mailing Address 1097 WAYNE AVENUE		Amount of Each Disbursement this Period 162.41
City CHAMBERSBURG	State PA	
Zip Code 17201	Purpose of Disbursement LODGING	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113235
State: District:		

Full Name (Last, First, Middle Initial) B. DOMINO'S PIZZA		Date of Disbursement MM / DD / YYYY 04 / 25 / 2016
Mailing Address 738 VALLEY STREET		Amount of Each Disbursement this Period 64.00
City LEWISTOWN	State PA	
Zip Code 17044	Purpose of Disbursement MEETING EXPENSE	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113236
State: District:		

Full Name (Last, First, Middle Initial) C. SHEETZ INC		Date of Disbursement MM / DD / YYYY 04 / 25 / 2016
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 439.50
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement TRAVEL EXPENSE	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113237
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MONACO		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 620 WILLIAM PENN PLACE		Amount of Each Disbursement this Period 316.33
City PITTSBURGH	State PA	
Zip Code 15219	Purpose of Disbursement TRAVEL EXPENSE	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113238
State: District:		

Full Name (Last, First, Middle Initial) B. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 177.76
City BENTONVILLE	State AR	
Zip Code 72716	Purpose of Disbursement OFFICE SUPPLIES	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113240
State: District:		

Full Name (Last, First, Middle Initial) C. DUCKS UNLIMITED		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 21 BRANDT BLVD		Amount of Each Disbursement this Period 100.00
City LANDISVILLE	State PA	
Zip Code 17538	Purpose of Disbursement EVENT TICKETS	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113241
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LONGHORN STEAKHOUSE			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016		
Mailing Address 980 NORLAND AVE			Amount of Each Disbursement this Period 100.00		
City CHAMBERSBURG	State PA	Zip Code 17201	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113242		
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. USPS			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016		
Mailing Address 525 ALLEGHENY STREET			Amount of Each Disbursement this Period 12.90		
City HOLLIDAYSBURG	State PA	Zip Code 16648	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113244		
Purpose of Disbursement POSTAGE		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) C. FIRST COMMONWEALTH BANK			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016		
Mailing Address CREDIT CARD DEPT PO BOX 0537			Amount of Each Disbursement this Period 15.00		
City INDIANA	State PA	Zip Code 15701	<input type="checkbox"/> Memo Item Transaction ID : SB17.113398		
Purpose of Disbursement ANNUAL FEE		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: _____				

SUBTOTAL of Disbursements This Page (optional)	15.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 148 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FIRST COMMONWEALTH BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address CREDIT CARD DEPT PO BOX 0537		Amount of Each Disbursement this Period 5338.22
City INDIANA State PA Zip Code 15701	Purpose of Disbursement SEE MEMO ENTRIES 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113432
State: District:		

Full Name (Last, First, Middle Initial) B. TOM AND JOES RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 1201 13TH AVENUE		Amount of Each Disbursement this Period 79.74
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113466
State: District:		

Full Name (Last, First, Middle Initial) C. BLACK DOG COFFEE & CATERING		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 519 ALLEGHENY STREET		Amount of Each Disbursement this Period 60.73
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113467
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5338.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 149 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SAMS CLUB		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address PO BOX 9001907		Amount of Each Disbursement this Period 247.95
City LOUISVILLE State KY Zip Code 40290	Purpose of Disbursement OFFICE SUPPLIES 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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113468
State: District:		

Full Name (Last, First, Middle Initial) B. SHEETZ INC		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 369.44
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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113469
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 525 ALLEGHENY STREET		Amount of Each Disbursement this Period 6.45
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement POSTAGE 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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113470
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 337.23
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES 001	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113473
State: District:		

Full Name (Last, First, Middle Initial) B. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 381.35
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement OFFICE SUPPLIES 001	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113474
State: District:		

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 180 CHARLOTTE DRIVE		Amount of Each Disbursement this Period 706.32
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement LODGING 001	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113475
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 2 CONVENTION CENTER BLVD		Amount of Each Disbursement this Period 149.25
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement LODGING 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113476
State: District:		

Full Name (Last, First, Middle Initial) B. IMLER'S POULTRY		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address PO BOX 836		Amount of Each Disbursement this Period 205.20
City DUNCANSVILLE State PA Zip Code 16635	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113477
State: District:		

Full Name (Last, First, Middle Initial) C. FORD CREDIT		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address BOX 220564		Amount of Each Disbursement this Period 410.77
City PITTSBURGH State PA Zip Code 15257	Purpose of Disbursement CAMPAIGN VEHICLE 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113616
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	410.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FORD CREDIT		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016
Mailing Address BOX 220564		Amount of Each Disbursement this Period 852.35
City PITTSBURGH	State PA	
Zip Code 15257	Purpose of Disbursement CAMPAIGN VEHICLE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113617
Office Sought: <input type="checkbox"/> House <input 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. FRANKLIN COUNTY REAGAN COALITION		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address PO BOX 240		Amount of Each Disbursement this Period 300.00
City MARION	State PA	
Zip Code 17235	Purpose of Disbursement MEMBERSHIP DUES	<input type="checkbox"/> Memo Item
Candidate Name FRANKLIN COUNTY REAGAN COALITION	Category/Type 001	Transaction ID : SB17.113623
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FULTON COUNTY FAIR ASSOC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 888 LINCOLN WAY E		Amount of Each Disbursement this Period 150.00
City MCCONNELLSBURG	State PA	
Zip Code 17233	Purpose of Disbursement ADVERTISING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113584
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1302.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 153 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANDREW GROSSMAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 3714 LEYLAND DR		Amount of Each Disbursement this Period 940.50 <input type="checkbox"/> Memo Item
City MECHANICSBURG	State PA	
Zip Code 17050	Purpose of Disbursement SEE MEMO ENTRIES	Transaction ID : SB17.113216
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. ANDREW GROSSMAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 3714 LEYLAND DR		Amount of Each Disbursement this Period 649.04 <input checked="" type="checkbox"/> Memo Item
City MECHANICSBURG	State PA	
Zip Code 17050	Purpose of Disbursement MILEAGE	Transaction ID : SB17.113217
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) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 525 ALLEGHENY STREET		Amount of Each Disbursement this Period 28.20 <input checked="" type="checkbox"/> Memo Item
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement POSTAGE	Transaction ID : SB17.113219
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:		

SUBTOTAL of Disbursements This Page (optional).....	940.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMAZON.COM		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 2646 RAINIER AVENUE S		Amount of Each Disbursement this Period 86.00
City SEATTLE	State WA Zip Code 98144	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.113220	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 70.34
City BENTONVILLE	State AR Zip Code 72716	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.113221	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANDREW GROSSMAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 3714 LEYLAND DR		Amount of Each Disbursement this Period 930.37
City MECHANICSBURG	State PA Zip Code 17050	
Purpose of Disbursement SEE MEMO ENTRIES	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.113380	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	930.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANDREW GROSSMAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 3714 LEYLAND DR		Amount of Each Disbursement this Period 611.52
City MECHANICSBURG	State PA	
Zip Code 17050	Purpose of Disbursement MILEAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113384
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 19.40
City BENTONVILLE	State AR	
Zip Code 72716	Purpose of Disbursement OFFICE SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113387
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SAMS CLUB		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address PO BOX 9001907		Amount of Each Disbursement this Period 31.42
City LOUISVILLE	State KY	
Zip Code 40290	Purpose of Disbursement OFFICE SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113388
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 156 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOLLIDAYSBURG AREA YMCA			Date of Disbursement MM / DD / YYYY 05 / 23 / 2016	
Mailing Address 1111 HEWITT STREET			Amount of Each Disbursement this Period 260.00	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Memo Item <input type="checkbox"/>	
Purpose of Disbursement ADVERTISING		Category/Type 001	Transaction ID : SB17.113489	
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. HOLLIDAYSBURG AREA YMCA			Date of Disbursement MM / DD / YYYY 06 / 28 / 2016	
Mailing Address 1111 HEWITT STREET			Amount of Each Disbursement this Period 100.00	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Memo Item <input type="checkbox"/>	
Purpose of Disbursement ADVERTISING		Category/Type 001	Transaction ID : SB17.113527	
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) C. I360			Date of Disbursement MM / DD / YYYY 06 / 02 / 2016	
Mailing Address PO BOX 37046			Amount of Each Disbursement this Period 3580.83	
City BALTIMORE	State MD	Zip Code 21297	Memo Item <input type="checkbox"/>	
Purpose of Disbursement SOFTWARE		Category/Type 001	Transaction ID : SB17.113530	
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:				

SUBTOTAL of Disbursements This Page (optional).....	3940.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 157 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INDIANA CO REPUBLICAN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address C/O SANDI GILLETTE 845 INDIAN SPRINGS ROAD		Amount of Each Disbursement this Period 225.00 <input type="checkbox"/> Memo Item
City INDIANA State PA Zip Code 15701	Purpose of Disbursement EVENT TICKETS 001 Category/Type	
Candidate Name INDIANA CO REPUBLICAN COMMITTEE	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113204
State: District:		

Full Name (Last, First, Middle Initial) B. INDIANA COUNTY FOP #33		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address PO BOX 142		Amount of Each Disbursement this Period 137.50 <input type="checkbox"/> Memo Item
City INDIANA State PA Zip Code 15701	Purpose of Disbursement EVENT TICKETS 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)	Transaction ID : SB17.113272
State: District:		

Full Name (Last, First, Middle Initial) C. JAFFA GUN RAFFLE		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address PO BOX 1984		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Memo Item
City ALTOONA State PA Zip Code 16603	Purpose of Disbursement EVENT TICKETS 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)	Transaction ID : SB17.113541
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	562.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 158 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JAMES D WALLACE CONSTRUCTION			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016	
Mailing Address 3149 SPRUCE AVE			Amount of Each Disbursement this Period 1380.71	
City ALTOONA	State PA	Zip Code 16601	<input type="checkbox"/> Memo Item	
Purpose of Disbursement SIGNS		Category/ Type 001	Transaction ID : SB17.113273	
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. K&L GATES, LLP			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016	
Mailing Address 1601 K ST NW			Amount of Each Disbursement this Period 215.00	
City WASHINGTON	State DC	Zip Code 20006	<input type="checkbox"/> Memo Item	
Purpose of Disbursement EVENT FACILITY RENTAL FEE		Category/ Type 001	Transaction ID : SB17.113364	
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) C. JACOB KEGG			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address 106 EDWARDS STREET			Amount of Each Disbursement this Period 225.00	
City EVERETT	State PA	Zip Code 15537	<input type="checkbox"/> Memo Item	
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.113434	
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: _____			

SUBTOTAL of Disbursements This Page (optional).....	1820.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KEN WERTZ HAULING, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016		
Mailing Address 2567 W LOOP RD			Amount of Each Disbursement this Period 240.00		
City HOLLIDAYSBURG	State PA	Zip Code 16648	<input type="checkbox"/> Memo Item Transaction ID : SB17.113363		
Purpose of Disbursement OFFICE 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. EMILY KENDALL			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016		
Mailing Address 566 MEADOW GROUND RD			Amount of Each Disbursement this Period 1000.00		
City MCCONNELLSBURG	State PA	Zip Code 17233	<input type="checkbox"/> Memo Item Transaction ID : SB17.113523		
Purpose of Disbursement FIELD 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) C. KTAADN GROUP			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016		
Mailing Address 850 29TH STREET			Amount of Each Disbursement this Period 130.91		
City ALTOONA	State PA	Zip Code 16601	<input type="checkbox"/> Memo Item Transaction ID : SB17.113439		
Purpose of Disbursement OFFICE EQUIPMENT REPAIR		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: _____				

SUBTOTAL of Disbursements This Page (optional).....	1370.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 160 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EMILY KURTZ		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 368 HEUSTON RD		Amount of Each Disbursement this Period 194.68
City ROARING SPRING	State PA	
Zip Code 16673	Purpose of Disbursement SEE MEMO ENTRIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113229
Office Sought: <input type="checkbox"/> House <input 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. EMILY KURTZ		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 368 HEUSTON RD		Amount of Each Disbursement this Period 155.06
City ROARING SPRING	State PA	
Zip Code 16673	Purpose of Disbursement MILEAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113230
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 13.96
City BENTONVILLE	State AR	
Zip Code 72716	Purpose of Disbursement OFFICE SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.113231
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	194.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 161 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EMILY KURTZ		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address 368 HEUSTON RD		Amount of Each Disbursement this Period 387.20
City ROARING SPRING	State PA	
Zip Code 16673	Purpose of Disbursement SEE MEMO ENTRIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113394
Office Sought: <input type="checkbox"/> House <input 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. EMILY KURTZ		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address 368 HEUSTON RD		Amount of Each Disbursement this Period 24.19
City ROARING SPRING	State PA	
Zip Code 16673	Purpose of Disbursement MILEAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113395
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address 525 ALLEGHENY STREET		Amount of Each Disbursement this Period 6.45
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement POSTAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.113396
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	387.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address PO BOX 371461		Amount of Each Disbursement this Period 335.50
City PITTSBURGH	State PA	
Zip Code 15250	Purpose of Disbursement SHIPPING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : SB17.113397
Office Sought: <input type="checkbox"/> House <input 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. EMILY KURTZ		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 368 HEUSTON RD		Amount of Each Disbursement this Period 69.67
City ROARING SPRING	State PA	
Zip Code 16673	Purpose of Disbursement SEE MEMO ENTRIES	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : SB17.113524
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EMILY KURTZ		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 368 HEUSTON RD		Amount of Each Disbursement this Period 29.68
City ROARING SPRING	State PA	
Zip Code 16673	Purpose of Disbursement MILEAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : SB17.113525
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	69.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address PO BOX 371461		Amount of Each Disbursement this Period 39.99
City PITTSBURGH	State PA	
Zip Code 15250	Purpose of Disbursement SHIPPING	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113526
State: District:		

Full Name (Last, First, Middle Initial) B. ANDREW KURTZ		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 368 HEUSTON RD		Amount of Each Disbursement this Period 550.00
City ROARING SPRING	State PA	
Zip Code 16673	Purpose of Disbursement FIELD CONSULTING	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113465
State: District:		

Full Name (Last, First, Middle Initial) C. LAUREL HIGHLANDS COUNCIL BSA		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 201 W. HIGH STREET STE. 1		Amount of Each Disbursement this Period 200.00
City EBENSBURG	State PA	
Zip Code 15931	Purpose of Disbursement EVENT TICKETS	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113491
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 164 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MAVERICK FINANCE		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 403 N SECOND STREET 2ND FL		Amount of Each Disbursement this Period 4546.74
City HARRISBURG State PA Zip Code 17101	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.112907
State: District:		

Full Name (Last, First, Middle Initial) B. MAVERICK FINANCE		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 403 N SECOND STREET 2ND FL		Amount of Each Disbursement this Period 1401.45
City HARRISBURG State PA Zip Code 17101	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113206
State: District:		

Full Name (Last, First, Middle Initial) C. MAVERICK FINANCE		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
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 Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113361
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9948.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 165 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MAVERICK FINANCE		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 403 N SECOND STREET 2ND FL		Amount of Each Disbursement this Period 6000.00
City HARRISBURG State PA Zip Code 17101	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113440
State: District:		

Full Name (Last, First, Middle Initial) B. MAVERICK FINANCE		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 403 N SECOND STREET 2ND FL		Amount of Each Disbursement this Period 7000.00
City HARRISBURG State PA Zip Code 17101	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113544
State: District:		

Full Name (Last, First, Middle Initial) C. MAVERICK FINANCE		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 403 N SECOND STREET 2ND FL		Amount of Each Disbursement this Period 38.40
City HARRISBURG State PA Zip Code 17101	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113587
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13038.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STEWART MCCLEAF			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address 11953 GREENRIDGE DR			Amount of Each Disbursement this Period 214.36	
City WAYNESBORO	State PA	Zip Code 17268	Memo Item <input type="checkbox"/>	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001	Transaction ID : SB17.113483	
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. LOWES			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address 1707 MCMAHON ROAD			Amount of Each Disbursement this Period 69.36	
City ALTOONA	State PA	Zip Code 16602	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement EVENT SUPPLIES		Category/ Type 001	Transaction ID : SB17.113484	
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) C. STEWART MCCLEAF			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address 11953 GREENRIDGE DR			Amount of Each Disbursement this Period 145.00	
City WAYNESBORO	State PA	Zip Code 17268	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.113485	
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:				

SUBTOTAL of Disbursements This Page (optional).....	214.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 167 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MS. JENNIFER MEARKLE		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 3022 BROAD AVE		Amount of Each Disbursement this Period 142.53
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement EVENT CATERING NO ITEMIZATION NECESSARY	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113268
State: District:		

Full Name (Last, First, Middle Initial) B. MS. JENNIFER MEARKLE		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 3022 BROAD AVE		Amount of Each Disbursement this Period 62.64
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement MILEAGE	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113399
State: District:		

Full Name (Last, First, Middle Initial) C. MENTZER MEDIA SERVICES INC		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 210 W PENNSYLVANIA AVE STE 250		Amount of Each Disbursement this Period 84316.00
City TOWSON State MD Zip Code 21204	Purpose of Disbursement MEDIA BUY	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113020
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	84521.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MENTZER MEDIA SERVICES INC			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016		
Mailing Address 210 W PENNSYLVANIA AVE STE 250			Amount of Each Disbursement this Period 100966.00		
City TOWSON	State MD	Zip Code 21204	<input type="checkbox"/> Memo Item Transaction ID : SB17.113022		
Purpose of Disbursement MEDIA BUY		Category/ Type 001			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. TYLER MENZLER			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016		
Mailing Address 701 THOMPSON AVE			Amount of Each Disbursement this Period 971.77		
City DONORA	State PA	Zip Code 15033	<input type="checkbox"/> Memo Item Transaction ID : SB17.113446		
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:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. TYLER MENZLER			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016		
Mailing Address 701 THOMPSON AVE			Amount of Each Disbursement this Period 584.30		
City DONORA	State PA	Zip Code 15033	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113447		
Purpose of Disbursement MILEAGE		Category/ Type 001			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	101937.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address PO BOX 9001309		Amount of Each Disbursement this Period 311.55
City LOUISVILLE State KY Zip Code 40290	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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113448
State: District:		

Full Name (Last, First, Middle Initial) B. ATLANTIC BROADBAND		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address BOX 371801		Amount of Each Disbursement this Period 50.13
City PITTSBURGH State PA Zip Code 15250	Purpose of Disbursement INTERNET 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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113449
State: District:		

Full Name (Last, First, Middle Initial) C. TEAL NITTERHOUSE		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 1785 FALLING SPRINGS ROAD		Amount of Each Disbursement this Period 141.48
City CHAMBERSBURG State PA Zip Code 17202	Purpose of Disbursement MILEAGE 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)	<input type="checkbox"/> Memo Item Transaction ID : SB17.113359
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	141.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 170 OF 190	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ROGER OSBAUGH			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205			Amount of Each Disbursement this Period 89.97	
City WAYNESBORO	State PA	Zip Code 17268	<input type="checkbox"/> Memo Item	
Purpose of Disbursement TELEPHONE		Candidate Name	Transaction ID : SB17.113281	
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. ROGER OSBAUGH			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205			Amount of Each Disbursement this Period 109.97	
City WAYNESBORO	State PA	Zip Code 17268	<input type="checkbox"/> Memo Item	
Purpose of Disbursement SEE MEMO ENTRIES		Candidate Name	Transaction ID : SB17.113556	
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) C. DOLLAR GENERAL			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 904 BLAIR ST			Amount of Each Disbursement this Period 29.99	
City HOLLIDAYSBURG	State PA	Zip Code 16648	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement TELEPHONE		Candidate Name	Transaction ID : SB17.113559	
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:				

SUBTOTAL of Disbursements This Page (optional).....	199.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DOLLAR GENERAL		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 904 BLAIR ST		Amount of Each Disbursement this Period 39.99
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement TELEPHONE	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113561
State: District:		

Full Name (Last, First, Middle Initial) B. DOLLAR GENERAL		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 904 BLAIR ST		Amount of Each Disbursement this Period 39.99
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement TELEPHONE	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113569
State: District:		

Full Name (Last, First, Middle Initial) C. PENELEC		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address PO BOX 3687		Amount of Each Disbursement this Period 26.71
City AKRON	State OH	
Zip Code 44309	Purpose of Disbursement UTILITIES	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.113277
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	26.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PENELEC			Date of Disbursement MM / DD / YYYY 05 / 23 / 2016	
Mailing Address PO BOX 3687			Amount of Each Disbursement this Period 38.63	
City AKRON	State OH	Zip Code 44309	Memo Item <input type="checkbox"/>	
Purpose of Disbursement UTILITIES		Category/Type 001		
Candidate Name			Transaction ID : SB17.113493	
Office Sought: <input type="checkbox"/> House <input 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. PENELEC			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016	
Mailing Address PO BOX 3687			Amount of Each Disbursement this Period 38.63	
City AKRON	State OH	Zip Code 44309	Memo Item <input type="checkbox"/>	
Purpose of Disbursement UTILITIES		Category/Type 001		
Candidate Name			Transaction ID : SB17.113545	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. PENELEC			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address PO BOX 3687			Amount of Each Disbursement this Period 6.44	
City AKRON	State OH	Zip Code 44309	Memo Item <input type="checkbox"/>	
Purpose of Disbursement UTILITIES		Category/Type 001		
Candidate Name			Transaction ID : SB17.113626	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	83.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 173 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PENNSYLVANIA STATE UNIVERSITY		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 127 BRYCE JORDAN CENTER		Amount of Each Disbursement this Period 255.00
City UNIVERSITY PARK State PA Zip Code 16802	Purpose of Disbursement EVENT TICKETS	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113278
State: District:		

Full Name (Last, First, Middle Initial) B. PEOPLES NATURAL GAS (PNG)		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address PO BOX 644760		Amount of Each Disbursement this Period 37.73
City PITTSBURGH State PA Zip Code 15264	Purpose of Disbursement UTILITIES	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113408
State: District:		

Full Name (Last, First, Middle Initial) C. PEOPLES NATURAL GAS (PNG)		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address PO BOX 644760		Amount of Each Disbursement this Period 32.54
City PITTSBURGH State PA Zip Code 15264	Purpose of Disbursement UTILITIES	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113546
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	325.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 174 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANDREW POST			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address 425 L ST NW #107			Amount of Each Disbursement this Period 410.48	
City WASHINGTON	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001	Transaction ID : SB17.113222	
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. SHEETZ INC			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address 5700 SIXTH AVENUE			Amount of Each Disbursement this Period 124.69	
City ALTOONA	State PA	Zip Code 16602	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.113223	
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) C. WAL-MART			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address 702 SW 8TH ST			Amount of Each Disbursement this Period 52.23	
City BENTONVILLE	State AR	Zip Code 72716	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : SB17.113224	
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:				

SUBTOTAL of Disbursements This Page (optional).....	410.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TRAVEL LODGE		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 565 LINCOLN WAY E		Amount of Each Disbursement this Period 68.58
City CHAMBERSBURG	State PA	
Purpose of Disbursement LODGING		
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.113227	

Full Name (Last, First, Middle Initial) B. EXXON		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 542 SOUTH CENTER STREET		Amount of Each Disbursement this Period 28.64
City EBENSBURG	State PA	
Purpose of Disbursement TRAVEL EXPENSE		
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.113228	

Full Name (Last, First, Middle Initial) C. ANDREW POST		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 425 L ST NW #107		Amount of Each Disbursement this Period 9000.00
City WASHINGTON	State DC	
Purpose of Disbursement FIELD CONSULTING		
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.113303	

SUBTOTAL of Disbursements This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 176 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANDREW POST			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016	
Mailing Address 425 L ST NW #107			Amount of Each Disbursement this Period 7000.00	
City WASHINGTON	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.113366	
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. ANDREW POST			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address 425 L ST NW #107			Amount of Each Disbursement this Period 335.51	
City WASHINGTON	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001	Transaction ID : SB17.113461	
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) C. SHEETZ INC			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address 5700 SIXTH AVENUE			Amount of Each Disbursement this Period 139.13	
City ALTOONA	State PA	Zip Code 16602	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.113464	
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:				

SUBTOTAL of Disbursements This Page (optional).....	7335.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 177 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BRITTANY PSYHOGIOS-SMITH			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016	
Mailing Address 700 S. COURTHOUSE RD. #404			Amount of Each Disbursement this Period 385.69	
City ARLINGTON	State VA	Zip Code 22204	<input type="checkbox"/> Memo Item	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001	Transaction ID : SB17.113383	
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. BRITTANY PSYHOGIOS-SMITH			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016	
Mailing Address 700 S. COURTHOUSE RD. #404			Amount of Each Disbursement this Period 324.80	
City ARLINGTON	State VA	Zip Code 22204	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.113389	
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) C. RED MAVERICK MEDIA LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016	
Mailing Address 401 N. SECOND STREET			Amount of Each Disbursement this Period 6600.00	
City HARRISBURG	State PA	Zip Code 17101	<input type="checkbox"/> Memo Item	
Purpose of Disbursement ROBO CALLS		Category/ Type 001	Transaction ID : SB17.112908	
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:				

SUBTOTAL of Disbursements This Page (optional).....	6985.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 178 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RED MAVERICK MEDIA LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address 401 N. SECOND STREET			Amount of Each Disbursement this Period 114514.22	
City HARRISBURG	State PA	Zip Code 17101	<input type="checkbox"/> Memo Item	
Purpose of Disbursement MEDIA BUY		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113209	
Office Sought: <input type="checkbox"/> House <input 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. RED MAVERICK MEDIA LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address 401 N. SECOND STREET			Amount of Each Disbursement this Period 16327.42	
City HARRISBURG	State PA	Zip Code 17101	<input type="checkbox"/> Memo Item	
Purpose of Disbursement ROBO CALLS		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113280	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. RED MAVERICK MEDIA LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address 401 N. SECOND STREET			Amount of Each Disbursement this Period 348364.65	
City HARRISBURG	State PA	Zip Code 17101	<input type="checkbox"/> Memo Item	
Purpose of Disbursement MEDIA CONSULTING AND MEDIA BUY		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113618	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	479206.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 179 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RED MAVERICK MEDIA LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 401 N. SECOND STREET			Amount of Each Disbursement this Period 7079.00	
City HARRISBURG	State PA	Zip Code 17101	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MEDIA CONSULTING		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113627	
Office Sought: <input type="checkbox"/> House <input 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. JOEL REDFOOT			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address 327 MURPHY STREET			Amount of Each Disbursement this Period 325.00	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113435	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. ROARING SPRING BOTTLING			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016	
Mailing Address PO BOX 97			Amount of Each Disbursement this Period 38.55	
City ROARING SPRINGS	State PA	Zip Code 16673	Memo Item <input type="checkbox"/>	
Purpose of Disbursement BOTTLED WATER		Category/ Type 001		
Candidate Name			Transaction ID : SB17.113409	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	7442.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 180 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. S&T BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Memo Item
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement BANK FEES 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)	Transaction ID : SB17.113021
State: District:		

Full Name (Last, First, Middle Initial) B. S&T BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Memo Item
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement BANK FEES 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)	Transaction ID : SB17.113015
State: District:		

Full Name (Last, First, Middle Initial) C. S&T BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Memo Item
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement BANK FEES 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)	Transaction ID : SB17.113016
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. S&T BANK			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 1100 LOGAN BLVD			Amount of Each Disbursement this Period 162.50
City ALTOONA	State PA	Zip Code 16602	
Purpose of Disbursement BANK FEES		Category/ Type 001	<input type="checkbox"/> 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)		Transaction ID : SB17.113619
State: District:			

Full Name (Last, First, Middle Initial) B. SOCIETY OF ST. VINCENT DEPAUL			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 927 FRANKLIN STREET			Amount of Each Disbursement this Period 420.00
City JOHNSTOWN	State PA	Zip Code 15905	
Purpose of Disbursement EVENT SPONSORSHIP		Category/ Type 001	<input type="checkbox"/> 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)		Transaction ID : SB17.113497
State: District:			

Full Name (Last, First, Middle Initial) C. EMILY SOLLENBERGER			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 148 CARDINAL CIRCLE			Amount of Each Disbursement this Period 375.00
City WILLIAMSBURG	State PA	Zip Code 16693	
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	<input type="checkbox"/> 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)		Transaction ID : SB17.113431
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	957.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 182 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STATE FARM INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 715 LEXINGTON AVENUE		Amount of Each Disbursement this Period 1118.91
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement INSURANCE	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113211
State: District:		

Full Name (Last, First, Middle Initial) B. STATE FARM INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 715 LEXINGTON AVENUE		Amount of Each Disbursement this Period 481.47
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement INSURANCE	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113410
State: District:		

Full Name (Last, First, Middle Initial) C. MR. WILLIAM STRAESSER		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address PO BOX 1023		Amount of Each Disbursement this Period 1796.06
City ALTOONA State PA Zip Code 16603	Purpose of Disbursement SEE MEMO ENTRIES	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113451
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3396.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 183 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. WILLIAM STRAESSER			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 280.00	
City ALTOONA	State PA	Zip Code 16603	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113452	
Purpose of Disbursement MILEAGE		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. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address PLANK ROAD/ORCHARD PLAZA			Amount of Each Disbursement this Period 19.08	
City ALTOONA	State PA	Zip Code 16602	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113453	
Purpose of Disbursement OFFICE SUPPLIES		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) C. SAMS CLUB			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address PO BOX 9001907			Amount of Each Disbursement this Period 67.36	
City LOUISVILLE	State KY	Zip Code 40290	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.113454	
Purpose of Disbursement EVENT SUPPLIES		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:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 184 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. SHOOT FOR THE CAUSE

Full Name (Last, First, Middle Initial)
Mailing Address 708 N 2ND ST

City ALTOONA State PA Zip Code 16001

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y
05 / 19 / 2016

Amount of Each Disbursement this Period
250.00

Memo Item

Transaction ID : SB17.113458

Category/Type: 001

B. MR. WILLIAM STRAESSER

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1023

City ALTOONA State PA Zip Code 16603

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y
05 / 23 / 2016

Amount of Each Disbursement this Period
124.14

Memo Item

Transaction ID : SB17.113499

Category/Type: 001

C. WAL-MART

Full Name (Last, First, Middle Initial)
Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y
05 / 23 / 2016

Amount of Each Disbursement this Period
13.32

Memo Item

Transaction ID : SB17.113500

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 124.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 525 ALLEGHENY STREET		Amount of Each Disbursement this Period 109.16
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement POSTAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : SB17.113501
Office Sought: <input type="checkbox"/> House <input 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. MR. WILLIAM STRAESSER		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address PO BOX 1023		Amount of Each Disbursement this Period 1074.63
City ALTOONA	State PA	
Zip Code 16603	Purpose of Disbursement SEE MEMO ENTRIES	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : SB17.113574
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MR. WILLIAM STRAESSER		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address PO BOX 1023		Amount of Each Disbursement this Period 420.00
City ALTOONA	State PA	
Zip Code 16603	Purpose of Disbursement MILEAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : SB17.113575
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1074.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 15.37
City ALTOONA	State PA Zip Code 16602	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.113576
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 525 ALLEGHENY STREET		Amount of Each Disbursement this Period 19.14
City HOLLIDAYSBURG	State PA Zip Code 16648	
Purpose of Disbursement POSTAGE	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.113577
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. SONYA AND BROOKE'S CLEANING SERVICE		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 512 ALLEGHANY ST.		Amount of Each Disbursement this Period 115.00
City HOLLIDAYSBURG	State PA Zip Code 16648	
Purpose of Disbursement CLEANING SERVICES	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.113578
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 187 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. BLACK DOG COFFEE & CATERING

Full Name (Last, First, Middle Initial)
Mailing Address 519 ALLEGHENY STREET

City HOLLIDAYSBURG State PA Zip Code 16648

Purpose of Disbursement MEETING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 13 / 2016

Amount of Each Disbursement this Period: 27.00

Memo Item

Transaction ID : SB17.113580

B. BOY SCOUTS OF AMERICAN TROOP 92

Full Name (Last, First, Middle Initial)
Mailing Address 600 LOWTHER STREET

City State Zip Code 16617

Purpose of Disbursement EVENT TICKETS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 13 / 2016

Amount of Each Disbursement this Period: 290.00

Memo Item

Transaction ID : SB17.113581

C. REBEKAH SUNGALA

Full Name (Last, First, Middle Initial)
Mailing Address 545 OLD NATIONAL PIKE

City BROWNSVILLE State PA Zip Code 15417

Purpose of Disbursement SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 19 / 2016

Amount of Each Disbursement this Period: 1406.56

Memo Item

Transaction ID : SB17.113442

SUBTOTAL of Disbursements This Page (optional) 1406.56

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 830.56
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113443
State: District:		

Full Name (Last, First, Middle Initial) B. REBEKAH SUNGALA		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 545 OLD NATIONAL PIKE		Amount of Each Disbursement this Period 576.00
City BROWNSVILLE State PA Zip Code 15417	Purpose of Disbursement MILEAGE Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113444
State: District:		

Full Name (Last, First, Middle Initial) C. THE DANIEL LAW GROUP, PLLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 138 S 7TH ST		Amount of Each Disbursement this Period 1200.00
City INDIANA State PA Zip Code 15701	Purpose of Disbursement LEGAL CONSULTING Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113573
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 189 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 881.88
City ALBANY State NY Zip Code 12212	Purpose of Disbursement TELEPHONE 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113212
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 142.42
City ALBANY State NY Zip Code 12212	Purpose of Disbursement TELEPHONE 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113282
State: District:		

Full Name (Last, First, Middle Initial) C. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 142.42
City ALBANY State NY Zip Code 12212	Purpose of Disbursement TELEPHONE 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113285
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1166.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 1054.66
City ALBANY State NY Zip Code 12212	Purpose of Disbursement TELEPHONE 001	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113498
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address PO BOX 25505		Amount of Each Disbursement this Period 1066.03
City LEHIGH VALLEY State PA Zip Code 18002	Purpose of Disbursement TELEPHONE 001	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113588
State: District:		

Full Name (Last, First, Middle Initial) C. YMCA OF INDIANA COUNTY		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 60 N BEN FRANKLIN RD		Amount of Each Disbursement this Period 500.00
City INDIANA State PA Zip Code 15701	Purpose of Disbursement EVENT SPONSORSHIP 001	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.113628
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2620.69
TOTAL This Period (last page this line number only).....	904168.48