

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

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00364935

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

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

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2017

through

M M / D D / Y Y Y Y
03 / 31 / 2017

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

KILGORE, PAUL, A, ,

Type or Print Name of Treasurer

Signature of Treasurer

KILGORE, PAUL, A, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 14 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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)).... | 356370.00 | 361470.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 3550.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 356370.00 | 357920.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 150680.19 | 480769.02 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 6016.69 | 6035.31 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 144663.50 | 474733.71 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 436829.12 | |
| 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 05/2016)

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)..... | 103420.00 | 105420.00 |
| (ii) Unitemized..... | 750.00 | 850.00 |
| (iii) TOTAL of contributions from individuals ▶ | 104170.00 | 106270.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 252200.00 | 255200.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 356370.00 | 361470.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 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.) | 6016.69 | 6035.31 |
| 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)..... ▶ | 362386.69 | 367505.31 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 150680.19 | 480769.02 |
| 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 | 3550.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 3550.00 |
| 21. OTHER DISBURSEMENTS | 200.00 | 325.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 150880.19 | 484644.02 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 225322.62 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 362386.69 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 587709.31 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 150880.19 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 436829.12 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 134
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AHMAN, HUSAM, U., ,

Mailing Address 35 GREENWAY N

City FOREST HILLS State NY Zip Code 11375

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

Name of Employer HAKS Occupation ENGINEER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11AI.115881

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ALCALDE, HECTOR, , ,

Mailing Address 2111 WILSON BLVD. STE 850

City ARLINGTON State VA Zip Code 22201

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

Name of Employer ALCALDE & FAY Occupation PRESIDENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11AI.115752

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 210 D STREET SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer POTOMAC PARTNERS DC Occupation ATTORNEY

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 28 / 2017

Transaction ID : SA11AI.115650

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALLEN, TIFFANY, BATSON, ,
 Mailing Address 1010 MOUNTAIN CREEK TRL NW
 City SANDY SPRINGS State GA Zip Code 30328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017
Transaction ID : SA11AI.115767
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
AMATURO, JOSEPH, C, ,
 Mailing Address 2929 E COMMERCIAL BLVD STE 408
 City FT. LAUDERDALE State FL Zip Code 33308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTHWEST BROWARD THEATRE HOLDING Occupation EXECUTIVE
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017
Transaction ID : SA11AI.115722
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
ANDERSON, JAMES, J, ,
 Mailing Address 100 STREET RD
 City NEW HOPE State PA Zip Code 18938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JAMES J ANDERSON CONSTRUCTION CO INC Occupation CONSTRUCTION OWNER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2017
Transaction ID : SA11AI.115696
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 7 OF 134
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANDERSON, PHILMORE, B, ,
Mailing Address 121 BLOOMFIELD RD

City: CHARLOTTEVILLE State: VA Zip Code: 22903

FEC ID number of contributing federal political committee: C

Name of Employer: NAVIGATORS GLOBAL Occupation: PRESIDENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt: 03 / 31 / 2017
Transaction ID : SA11AI.115892

Amount of Each Receipt this Period: 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ANDERSON, JENNIFER, L., ,
Mailing Address 121 BLOOMFIELD ROAD

City: CHARLOTTEVILLE State: VA Zip Code: 22903

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt: 03 / 31 / 2017
Transaction ID : SA11AI.115893

Amount of Each Receipt this Period: 2300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ARGIZ, ANTONIO, L., ,
Mailing Address 395 CASUARINA CONCOURSE

City: CORAL GABLES State: FL Zip Code: 33143

FEC ID number of contributing federal political committee: C

Name of Employer: MBAF Occupation: ACCOUNTANT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt: 03 / 20 / 2017
Transaction ID : SA11AI.115762

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)..... ▶

7700.00

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

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

FOR LINE NUMBER: PAGE 8 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARGIZ, CONCEPCION, M, ,

Mailing Address 395 CASUARINA CONCOURSE

| | | |
|----------------------|-------------|-------------------|
| City CORAL GABLES | State FL | Zip Code 33143 |
|----------------------|-------------|-------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED |
|---|-------------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11AI.115763

Amount of Each Receipt this Period
 _____ 2300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ARISON, MADELEINE, , MRS.,

Mailing Address 9999 COLLINS AVENUE APT 15G

| | | |
|---------------------|-------------|-------------------|
| City BAL HARBOUR | State FL | Zip Code 33154 |
|---------------------|-------------|-------------------|

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

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2017

Transaction ID : SA11AI.115805

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ARISON, MICKY, , MR.,

Mailing Address 3655 NW 87TH AVENUE

| | | |
|---------------|-------------|-------------------|
| City MIAMI | State FL | Zip Code 33178 |
|---------------|-------------|-------------------|

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

| | |
|--|------------------------------|
| Name of Employer CARNIVAL CORPORATION | Occupation CHAIRMAN & CEO |
|--|------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 4200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2017

Transaction ID : SA11AI.115803

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)..... ▶

_____ 7700.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 134
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARISON, MICKY, , MR.,

Mailing Address 3655 NW 87TH AVENUE

| | | |
|---------------|-------------|-------------------|
| City MIAMI | State FL | Zip Code 33178 |
|---------------|-------------|-------------------|

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

| | |
|--|------------------------------|
| Name of Employer CARNIVAL CORPORATION | Occupation CHAIRMAN & CEO |
|--|------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2017

Transaction ID : SA11AI.115804

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BARTOLOMEO, ANTHONY, S., , P.E.

Mailing Address 7 MANSOR COURT

| | | |
|----------------|-------------|-------------------|
| City SEWELL | State NJ | Zip Code 08080 |
|----------------|-------------|-------------------|

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

| | |
|--|-------------------------------|
| Name of Employer PENNONI ASSOCIATES INC | Occupation PRESIDENT & CEO |
|--|-------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : SA11AI.115687

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BAUGH, DONALD, R, ,

Mailing Address 7063 TWIN HILLS TERRACE

| | | |
|------------------------|-------------|-------------------|
| City LAKEWOOD RANCH | State FL | Zip Code 34202 |
|------------------------|-------------|-------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED |
|---|-------------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11AI.115756

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BENTLEY, GREGORY, , ,
 Mailing Address 101 CREEK ROAD
 City COATESVILLE State PA Zip Code 19320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2017
Transaction ID : SA11AI.115685
 Amount of Each Receipt this Period
 2700.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
BERRY, CLIFFORD, L, , II
 Mailing Address PO BOX 350123
 City FT.LAUDERDALE State FL Zip Code 33335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CBI Occupation EXECUTIVE
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017
Transaction ID : SA11AI.115738
 Amount of Each Receipt this Period
 350.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
BERUFF, CARLOS, , ,
 Mailing Address 1651 WHITFIELD AVE STE 200
 City SARASOTA State FL Zip Code 34243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation BUILDER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017
Transaction ID : SA11AI.115757
 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)..... ▶

5750.00

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

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FOR LINE NUMBER: PAGE 11 OF 134
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BETZ, LOUIS, , ,

Mailing Address PO BOX 274108

City TAMPA State FL Zip Code 33688

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

Name of Employer LBA INC Occupation LOBBYIST

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11AI.115780

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BITER, JESSE, , ,

Mailing Address 1233 N. GULFSTREAM AVE.

City SARASOTA State FL Zip Code 34236

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

Name of Employer BITER ENTERPRISES Occupation CEO

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2017

Transaction ID : SA11AI.115587

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 400 N. CAPITOL ST. NW STE. 363

City WASHINGTON State DC Zip Code 20001

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

Name of Employer CROSSROADS STRATEGIES Occupation PARTNER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2017

Transaction ID : SA11AI.115809

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CARAMANICO, THOMAS, A, ,
 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: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2017
Transaction ID : SA11AI.115810
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
CAULKINS, CHARLES, , ,
 Mailing Address 450 E. LAS OLAS BLVD.
 City FORT LAUDERDALE State FL Zip Code 33301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FISHER PHILLIPS LLC Occupation ATTORNEY
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2017
Transaction ID : SA11AI.115554
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
CHIMICLES & TIKELLIS, LLP
 Mailing Address 361 W LANCASTER AVE
 City HAVERFORD State PA Zip Code 19041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2017
Transaction ID : SA11AI.115812
 Amount of Each Receipt this Period
 1000.00
 Memo Item
PARTNERSHIP ATTRIBUTION REQUESTED

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CONALLEN, MICHAEL, , ,
 Mailing Address 27 EDEN ROC
 City NEW HOPE State PA Zip Code 18938
 FEC ID number of contributing federal political committee. C
 Name of Employer PENNONI ASSOCIATES Occupation MANAGER, BUSINESS DEVELOPMENT
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2017
Transaction ID : SA11AI.115652
 Amount of Each Receipt this Period
 350.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
COPELAND, GERRET, , , JR.
 Mailing Address 242 S WASHINGTON BLVD
 City SARASOTA State FL Zip Code 34233
 FEC ID number of contributing federal political committee. C
 Name of Employer FL SUN Occupation MANAGEMENT
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017
Transaction ID : SA11AI.115778
 Amount of Each Receipt this Period
 2700.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
DEL RIO, FRANCISCO, , ,
 Mailing Address 19 TAHITI BEACH ISLAND RD
 City CORAL GABLES State FL Zip Code 33143
 FEC ID number of contributing federal political committee. C
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2017
Transaction ID : SA11AI.115657
 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)..... ▶

5750.00

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

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

FOR LINE NUMBER: PAGE 14 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DELIZZA, DAVID, A., ,
Mailing Address 729 WHITMAN DR

City State Zip Code
TURNERSVILLE NJ 08012

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

Name of Employer Occupation
PENNONI ASSOCIATES COO
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 15 2017
Transaction ID : SA11AI.115688

Amount of Each Receipt this Period
350.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
DEON, PASQUALE, , ,
Mailing Address 526 OXFORD VALLEY ROAD

City State Zip Code
FAIRLESS HILLS PA 19030

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

Name of Employer Occupation
PROGRESSIVE MANAGEMENT REAL ESTATE
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 07 2017
Transaction ID : SA11AI.115680

Amount of Each Receipt this Period
2000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
DEPAUL, ANTHONY, J., ,
Mailing Address 1070 BLYTH CT.

City State Zip Code
BLUE BELL PA 19422

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

Name of Employer Occupation
THE DEPAUL GROUP GENERAL MANAGER
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 15 2017
Transaction ID : SA11AI.115698

Amount of Each Receipt this Period
500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2850.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 134
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DONNELLY, JAMES, , ,

Mailing Address 12270 SW 3RD ST #200

City: FT. LAUDERDALE State: FL Zip Code: 33325

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

Name of Employer: CASTLE MANAGEMENT Occupation: CEO

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt: 03 / 20 / 2017

Transaction ID : SA11AI.115776

Amount of Each Receipt this Period: 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DOYLE, DANIEL, M, , JR.

Mailing Address 3 STONEGATE DR

City: BELLEAIR State: FL Zip Code: 33756

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

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt: 03 / 20 / 2017

Transaction ID : SA11AI.115748

Amount of Each Receipt this Period: 1500.00

Memo Item

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

Mailing Address 2860 W STATE RD 84 #109

City: FT. LAUDERDALE State: FL Zip Code: 33312

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

Name of Employer: WALTER DUKE & PARTNERS Occupation: CFO

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt: 03 / 20 / 2017

Transaction ID : SA11AI.115775

Amount of Each Receipt this Period: 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FARRELL, JOSEPH, E, , JR

Mailing Address 1512 SE 11TH ST

City FT. LAUDERDALE State FL Zip Code 33316

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11AI.115741

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FAY, KEVIN, J, ,

Mailing Address 1101 INGLESIDE AVE

City MCLEAN State VA Zip Code 22101

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11AI.115751

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FIELDS, JR., JACK, M, MR.,

Mailing Address 8 DEER RIDGE ESTATES BLVD.

City KINGWOOD State TX Zip Code 77339

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

Name of Employer TWENTY-FIRST CENTURY GROUP Occupation CEO

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11AI.115876

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 17 OF 134 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRIEDMAN, BERNARD, J, ,

Mailing Address 3741 N 47TH AVE

| | | |
|-------------------|-------------|-------------------|
| City HOLLYWOOD | State FL | Zip Code 33021 |
|-------------------|-------------|-------------------|

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

| | |
|--------------------------------------|------------------------|
| Name of Employer BERKER PULIAKOFF | Occupation ATTORNEY |
|--------------------------------------|------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 20 / 2017 |

Transaction ID : SA11AI.115745

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

B. Full Name (Last, First, Middle Initial)
FULMER, KENNETH, R, ,

Mailing Address 46 OAK RD

| | | |
|----------------------|-------------|-------------------|
| City COLLEGEVILLE | State PA | Zip Code 19426 |
|----------------------|-------------|-------------------|

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

| | |
|-------------------------------------|------------------------------|
| Name of Employer URBAN ENGINEERS | Occupation PRESIDENT/ CEO |
|-------------------------------------|------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 15 / 2017 |

Transaction ID : SA11AI.115693

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

C. Full Name (Last, First, Middle Initial)
HANNA, ERNEST, R, ,

Mailing Address 2401 PENNSYLVANIA AVE. APT. 17C51

| | | |
|----------------------|-------------|-------------------|
| City PHILADELPHIA | State PA | Zip Code 19130 |
|----------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer GZA GEOENVIRONMENTAL INC. | Occupation PRINCIPAL |
|---|-------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 15 / 2017 |

Transaction ID : SA11AI.115683

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 3000.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 18 OF 134
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HARRIS, DONALD, C, ,
Mailing Address 4338 ARBOR BRIDGE DR

City MARIETTA State GA Zip Code 30068

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11AI.115766

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HAZZOURI, EDWARD, J, ,
Mailing Address 46 WARWICK RD.

City HADDONFIELD State NJ Zip Code 08033

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

Name of Employer HAZZOURI & ASSOCIATES Occupation CHAIRMAN

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : SA11AI.115679

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HICKS, CHARNELLE, L, ,
Mailing Address PO BOX 226

City GREEN LANE State PA Zip Code 18054

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

Name of Employer CH PLANNING Occupation URBAN PLANNER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : SA11AI.115695

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HOWARD, MELISSA, , ,
 Mailing Address 16315 CLEARLAKE AVE
 City LAKEWOOD RANCH State FL Zip Code 34202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation REAL ESTATE
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1070.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2017
Transaction ID : SA11AI.115841
 Amount of Each Receipt this Period
 1070.00
 Memo Item
 IN-KIND: EVENT CATERING

B. Full Name (Last, First, Middle Initial)
HOWARD, MELISSA, , ,
 Mailing Address 16315 CLEARLAKE AVE
 City LAKEWOOD RANCH State FL Zip Code 34202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation REAL ESTATE
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : SA11AI.115877
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
JOHNSON, KEVIN, L, ,
 Mailing Address 1759 HAMILTON DR
 City PHOENIXVILLE State PA Zip Code 19460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRAFFIC PLANNING & DESIGN INC. Occupation TRANSPORTATION ENGINEER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2017
Transaction ID : SA11AI.115659
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2320.00
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

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(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)
KADRE, MANUEL, , ,
 Mailing Address 5345 HAMMOCK DR
 City: CORAL GABLES State: FL Zip Code: 33156
 FEC ID number of contributing federal political committee: C
 Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017
Transaction ID : SA11AI.115761
 Amount of Each Receipt this Period
 2700.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
KOEBEL, DEBRA, M, ,
 Mailing Address 2311 BAYVIEW LANE
 City: NORTH MIAMI State: FL Zip Code: 33181
 FEC ID number of contributing federal political committee: C
 Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017
Transaction ID : SA11AI.115759
 Amount of Each Receipt this Period
 2700.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
KOEBEL, JEFFREY, J, ,
 Mailing Address 2311 BAYVIEW LANE
 City: NORTH MIAMI State: FL Zip Code: 33181
 FEC ID number of contributing federal political committee: C
 Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017
Transaction ID : SA11AI.115760
 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)..... ▶

8100.00

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

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

FOR LINE NUMBER: PAGE 21 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEVY, JOSHUA, , ,
 Mailing Address 3709 S LONGFELLOW CIR
 City HOLLYWOOD State FL Zip Code 33021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation ATTORNEY
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017
Transaction ID : SA11AI.115742
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
LLORENTE, MARCELO, , ,
 Mailing Address 6540 SW 72 COURT
 City MIAMI State FL Zip Code 33143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LLORENTE & HECKLER Occupation ATTORNEY
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2017
Transaction ID : SA11AI.115588
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
LOPEZ, PETER, D, ,
 Mailing Address 1271 ALGARDI AVE
 City CORAL GABLES State FL Zip Code 33146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEARNS WEAVER MILLER Occupation ATTORNEY
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2017
Transaction ID : SA11AI.115806
 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)..... ▶

3450.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 134
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOPEZ, MONICA, F, ,
Mailing Address 1271 ALGARDI AVE

City State Zip Code
CORAL GABLES FL 33146

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 27 2017

Transaction ID : SA11AI.115807

Amount of Each Receipt this Period
2300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MANHEIM, JOSEPH, , ,
Mailing Address 200 W WASHINGTON SQUARE

City State Zip Code
PHILADELPHIA PA 19106

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 03 2017

Transaction ID : SA11AI.115658

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MCMILLIN, STEPHEN, , ,
Mailing Address 8423 SULKY CT

City State Zip Code
ALEXANDRIA VA 22308

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

Name of Employer Occupation
US POLICY METRICS CONSULTANT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 22 2017

Transaction ID : SA11AI.115787

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MEZZAROBBA, ALBERT, , ,
 Mailing Address 351 WINDING WAY
 City MERION STATION State PA Zip Code 19066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENOVA BURNS GIANTOMASI Occupation ATTORNEY
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2017
Transaction ID : SA11AI.115684
 Amount of Each Receipt this Period
 2700.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
MOORE, LOIS, H, ,
 Mailing Address 501 SLATERS LANE #103
 City ALEXANDRIA State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017
Transaction ID : SA11AI.115749
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
MOSS, BOB, L, ,
 Mailing Address 625 3RD KEY DR
 City FT. LAUDERDALE State FL Zip Code 33304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017
Transaction ID : SA11AI.115746
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

3450.00

**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 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ORTIS, FRANK, CARMEN, ,
 Mailing Address 1321 NW 114TH AVE
 City PEMBROKE PINES State FL Zip Code 33026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PEMBROKE PINES Occupation MAYOR
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017
Transaction ID : SA11AI.115743
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
PETROSKI, DAREN, , ,
 Mailing Address 3525 CHURCH RD
 City CHERRY HILL State NJ Zip Code 08002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BURNS ENGINEERING Occupation ENGINEER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2017
Transaction ID : SA11AI.115689
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
PORT EVERGLADES PILOTS' ASSOCIATION
 Mailing Address PO BOX 13017
 City PORT EVERGLADES State FL Zip Code 33316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : SA11AI.115816
 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)..... ▶

2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 25 OF 134 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address **9171 NORTH LONG LAKE ROAD**

| | | |
|------------------------------|--------------------|--------------------------|
| City TRAVERSE CITY | State MI | Zip Code 49684 |
|------------------------------|--------------------|--------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer SELF EMPLOYED | Occupation HARBOR PILOT |
|--|-----------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11AI.115817

Amount of Each Receipt this Period

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

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

Mailing Address **1720 NE 49TH STREET**

| | | |
|--------------------------------|--------------------|--------------------------|
| City FORT LAUDERDALE | State FL | Zip Code 33334 |
|--------------------------------|--------------------|--------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer SELF EMPLOYED | Occupation HARBOR PILOT |
|--|-----------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11AI.115818

Amount of Each Receipt this Period

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

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

Mailing Address **2773 TREASURE COVE CIRCLE**

| | | |
|--------------------------------|--------------------|--------------------------|
| City FORT LAUDERDALE | State FL | Zip Code 33312 |
|--------------------------------|--------------------|--------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer SELF EMPLOYED | Occupation HARBOR PILOT |
|--|-----------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11AI.115819

Amount of Each Receipt this Period

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

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 26 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 3504 MEADOWBROOK WAY

City DAVIE State FL Zip Code 33328

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

Name of Employer SELF EMPLOYED Occupation HARBOR PILOT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11AI.115820

Amount of Each Receipt this Period
 62.50

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

B. Full Name (Last, First, Middle Initial)
EDELSTEIN, ANDREW, , ,

Mailing Address 501 NE 10TH AVE

City FORT LAUDERDALE State FL Zip Code 33301

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

Name of Employer SELF EMPLOYED Occupation HARBOR PILOT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11AI.115821

Amount of Each Receipt this Period
 62.50

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

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

Mailing Address 503 NE 2ND PLACE

City DANIA BEACH State FL Zip Code 33004

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

Name of Employer SELF EMPLOYED Occupation HARBOR PILOT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11AI.115822

Amount of Each Receipt this Period
 62.50

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 134
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MAHLER, CARL, , ,

Mailing Address 1460 NE 54TH STREET

City FORT LAUDERDALE State FL Zip Code 33334

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

Name of Employer SELF EMPLOYED Occupation HARBOR PILOT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11AI.115823

Amount of Each Receipt this Period
62.50

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

B. Full Name (Last, First, Middle Initial)
MCAULIFFE, DOUGLAS, , ,

Mailing Address 5560 SW 104TH TERRACE

City COOPER CITY State FL Zip Code 33328

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

Name of Employer SELF EMPLOYED Occupation HARBOR PILOT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11AI.115824

Amount of Each Receipt this Period
62.50

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

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

Mailing Address 335 EAST BAY BLVD N

City TRAVERSE CITY State MI Zip Code 49686

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

Name of Employer SELF EMPLOYED Occupation HARBOR PILOT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11AI.115825

Amount of Each Receipt this Period
62.50

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

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

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

0.00

**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 134 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 1925 SE 25TH AVE

| | | |
|-------------------------|-------------|-------------------|
| City FORT LAUDERDALE | State FL | Zip Code 33316 |
|-------------------------|-------------|-------------------|

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

| | |
|-----------------------------------|----------------------------|
| Name of Employer SELF EMPLOYED | Occupation HARBOR PILOT |
|-----------------------------------|----------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62.50

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11AI.115826

Amount of Each Receipt this Period
62.50

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

B. Full Name (Last, First, Middle Initial)
PHIPPS, CHERYL, , ,

Mailing Address 2108 SUNRISE KEY BLVD

| | | |
|-------------------------|-------------|-------------------|
| City FORT LAUDERDALE | State FL | Zip Code 33304 |
|-------------------------|-------------|-------------------|

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

| | |
|-----------------------------------|----------------------------|
| Name of Employer SELF EMPLOYED | Occupation HARBOR PILOT |
|-----------------------------------|----------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62.50

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11AI.115827

Amount of Each Receipt this Period
62.50

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

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

Mailing Address 1819 SE 17TH ST #1604

| | | |
|-------------------------|-------------|-------------------|
| City FORT LAUDERDALE | State FL | Zip Code 33316 |
|-------------------------|-------------|-------------------|

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

| | |
|-----------------------------------|----------------------------|
| Name of Employer SELF EMPLOYED | Occupation HARBOR PILOT |
|-----------------------------------|----------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62.50

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11AI.115828

Amount of Each Receipt this Period
62.50

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| 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 29 OF 134 | |
| <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 918 SW 20TH STREET

| | | |
|-------------------------|-------------|-------------------|
| City FORT LAUDERDALE | State FL | Zip Code 33315 |
|-------------------------|-------------|-------------------|

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

| | |
|-----------------------------------|----------------------------|
| Name of Employer SELF EMPLOYED | Occupation HARBOR PILOT |
|-----------------------------------|----------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62.50

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11AI.115829

Amount of Each Receipt this Period
62.50

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

B. Full Name (Last, First, Middle Initial)
STEPHENSON, SAMUEL, , ,

Mailing Address 499 THATCH PALM DR.

| | | |
|--------------------|-------------|-------------------|
| City BOCA RATON | State FL | Zip Code 33432 |
|--------------------|-------------|-------------------|

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

| | |
|-----------------------------------|----------------------------|
| Name of Employer SELF EMPLOYED | Occupation HARBOR PILOT |
|-----------------------------------|----------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62.50

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11AI.115830

Amount of Each Receipt this Period
62.50

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

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

Mailing Address 2516 SW 14TH AVE UNIT 405

| | | |
|-------------------------|-------------|-------------------|
| City FORT LAUDERDALE | State FL | Zip Code 33315 |
|-------------------------|-------------|-------------------|

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

| | |
|-----------------------------------|----------------------------|
| Name of Employer SELF EMPLOYED | Occupation HARBOR PILOT |
|-----------------------------------|----------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62.50

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11AI.115831

Amount of Each Receipt this Period
62.50

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

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

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

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| 0.00 |
|------|

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

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

FOR LINE NUMBER: PAGE 30 OF 134
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINSLOW, GEORGE, , ,

Mailing Address 1940 SE 22ND AVE.

| | | |
|-------------------------|-------------|-------------------|
| City FORT LAUDERDALE | State FL | Zip Code 33316 |
|-------------------------|-------------|-------------------|

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

| | |
|-----------------------------------|----------------------------|
| Name of Employer SELF EMPLOYED | Occupation HARBOR PILOT |
|-----------------------------------|----------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11AI.115832

Amount of Each Receipt this Period
62.50

Memo Item

PARTNERSHIP PORT EVERGLADES PILOTS' ASSOCIATION

B. Full Name (Last, First, Middle Initial)
POWELL, DENNIS, M., ,

Mailing Address 2622 BUTLER PIKE

| | | |
|--------------------------|-------------|-------------------|
| City PLYMOUTH MEETING | State PA | Zip Code 19462 |
|--------------------------|-------------|-------------------|

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

| | |
|-----------------------------------|-------------------------|
| Name of Employer MASSEY POWELL | Occupation PRESIDENT |
|-----------------------------------|-------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : SA11AI.115690

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PROWITT, NANCY, G, ,

Mailing Address 3749 N TAZEWELL ST

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22207 |
|-------------------|-------------|-------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED |
|---|-------------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11AI.115747

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 31 OF 134 | |
| <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROGACKI, FRED, , ,

Mailing Address 5711 SW 111 TERRACE

| | | |
|------------------------|-------------|-------------------|
| City FT. LAUDERDALE | State FL | Zip Code 33328 |
|------------------------|-------------|-------------------|

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

| | |
|-------------------------|---------------------|
| Name of Employer IWS | Occupation OWNER |
|-------------------------|---------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11AI.115739

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SALTZMAN, JOSHUA, M, ,

Mailing Address 1105 JEFFERSON AVE.

| | | |
|----------------------|-------------|-------------------|
| City ST. MICHAELS | State MD | Zip Code 21663 |
|----------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer AIRLINES FOR AMERICA | Occupation VP, GLOBAL GOVERNMENT AFFAIRS |
|--|---|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 21 / 2017

Transaction ID : SA11AI.115786

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 5815 SPANISH POINT CT

| | | |
|------------------|-------------|-------------------|
| City PALMETTO | State FL | Zip Code 34221 |
|------------------|-------------|-------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED |
|---|-------------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11AI.115755

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 1250.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 32 OF 134
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SASSO, RICHARD, E, ,
Mailing Address 18 RIDGE BLVD
City OCEAN RIDGE State FL Zip Code 33435
FEC ID number of contributing federal political committee. C
Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017
Transaction ID : SA11AI.115750
Amount of Each Receipt this Period
1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
SCHOCH, BARRY, , ,
Mailing Address 750 BRENTWATER RD
City CAMP HILL State PA Zip Code 17011
FEC ID number of contributing federal political committee. C
Name of Employer MCCORMICK TAYLOR Occupation ENGINEER
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2017
Transaction ID : SA11AI.115686
Amount of Each Receipt this Period
2700.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
SMITH, LAWRENCE, J, ,
Mailing Address 3511 N 52ND AVE
City HOLLYWOOD State FL Zip Code 33021
FEC ID number of contributing federal political committee. C
Name of Employer SELF EMPLOYED Occupation GOVERNMENT RELATIONS
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017
Transaction ID : SA11AI.115744
Amount of Each Receipt this Period
250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3950.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 33 OF 134
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SPIVACK, RACHELLE, M, ,
Mailing Address 834 JOHNSON ST

City: HOLLYWOOD State: FL Zip Code: 33019

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

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11AI.115737

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
STAMATAKIS, MANUEL, N., ,
Mailing Address 1111 W. DEKALB PIKE

City: WAYNE State: PA Zip Code: 19087

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

Name of Employer: CAPITAL MANAGEMENT ENTERPRISES Occupation: CHAIRMAN AND CEO

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 03 / 2017

Transaction ID : SA11AI.115651

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
STILES, TERRY, , ,
Mailing Address 301 E LAS OLAS BLVD

City: FT. LAUDERDALE State: FL Zip Code: 33301

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

Name of Employer: STILES Occupation: DEVELOPER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11AI.115777

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3950.00

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

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

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

FOR LINE NUMBER: PAGE 34 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STOMBRES, STEVE, , ,

Mailing Address 10092 DANIELS RUN WAY

City State Zip Code
FAIRFAX VA 22030

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

Name of Employer Occupation
HARBINGER STRATEGIES PARTNER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 27 2017

Transaction ID : SA11AI.115808

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
STRADLEY RONON STEVENS & YOUNG LLP

Mailing Address 2005 MARKET STREET
SUITE 2600

City State Zip Code
PHILADELPHIA PA 19103

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

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 15 2017

Transaction ID : SA11AI.115697

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SASSO, WILLIAM, R, ,

Mailing Address 2005 MARKET STREET
SUITE 2600

City State Zip Code
PHILADELPHIA PA 19103

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

Name of Employer Occupation
STRADLEY RONON STEVENS & YOUNG LLP CHAIRMAN

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 15 2017

Transaction ID : SA11AI.115782

Amount of Each Receipt this Period
1000.00

Memo Item

PARTNERSHIP STRADLEY RONON STEVENS & YOUNG LLP

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 35 OF 134
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TARBUTTON, BEN, J, , III

Mailing Address PO BOX 269

City SANDERSVILLE State GA Zip Code 31082

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

Name of Employer SANDERSVILLE RAILROAD Occupation TRANSPORTATION

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11AI.115774

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TEAGUE, GREGORY, D, ,

Mailing Address 420 WINGATE DR

City ELLIJAY State GA Zip Code 30540

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

Name of Employer CROY ENGINEERING Occupation ENGINEER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11AI.115773

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1652 STODDARD CIRCLE NW

City KENNESAW State GA Zip Code 30152

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11AI.115768

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: PAGE 36 OF 134
(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)
WEBSTER, ROBERT, C, , II

Mailing Address 11536 HAMMCOCK OAKS CT

City LITHIA State FL Zip Code 33547

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11AI.115754

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WILLIAMS, JOSEPH, M, ,

Mailing Address 1501 E 2ND AVE

City TAMPA State FL Zip Code 33605

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

Name of Employer KIMMINS CONTRACTING Occupation PRESIDENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11AI.115753

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WOLVERTON, J.C., , , JR.

Mailing Address 3344 PEACHTREE RD
STE 4602

City ATLANTA State GA Zip Code 30326

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

Name of Employer WOLVERTON & ASSOC Occupation CEO

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11AI.115880

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5200.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WONDERLING, ROBERT, C, ,
 Mailing Address PO BOX 397
 City LEDERACH State PA Zip Code 19450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREATER PHILADELPHIA CHAMBER OF COI Occupation PRESIDENT
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2017
Transaction ID : SA11AI.115691
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
ZURITSKY, JOSEPH, S, ,
 Mailing Address 1706 RITTENHOUSE SQ 18TH FL
 City PHILADELPHIA State PA Zip Code 19102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARKWAY CORP Occupation CHAIRMAN/GEO
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2017
Transaction ID : SA11AI.115692
 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).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | 103420.00 |

**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 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION PAC

Mailing Address 4301 WILSON BLVD

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22203 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00002972

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115873

Amount of Each Receipt this Period
 _____ 2500.00

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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2017

Transaction ID : SA11C.115792

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

Mailing Address 2550 WASSER TERR
STE 9000

| | | |
|-----------------|-------------|-------------------|
| City HERNDON | State VA | Zip Code 20171 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00421230

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115865

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 4500.00 |
| TOTAL This Period (last page this line number only).....▶ | _____ |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 39 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AIRLINES FOR AMERICA (A4A) POLITICAL ACTION COMMITTEE

Mailing Address 1301 PENNSYLVANIA AVENUE NW

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20004 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00114694

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115850

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AIRLINES FOR AMERICA (A4A) POLITICAL ACTION COMMITTEE

Mailing Address 1301 PENNSYLVANIA AVENUE NW

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20004 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00114694

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115851

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 9227 CENTRE POINTE DRIVE

| | | |
|----------------------|-------------|-------------------|
| City WEST CHESTER | State OH | Zip Code 45069 |
|----------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115891

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 11000.00 |
| 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 40 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALASKA AIR GROUP INC. POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 68900

| | | |
|-----------------|-------------|-------------------|
| City SEATTLE | State WA | Zip Code 98168 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00024349

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115844

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ALLEGIANT TRAVEL COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1201 N. TOWN CENTER DR.

| | | |
|-------------------|-------------|-------------------|
| City LAS VEGAS | State NV | Zip Code 89144 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00516039

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115882

Amount of Each Receipt this Period
 _____ 2500.00

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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11C.115726

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 41 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF ENGINEERING PAC

Mailing Address 1015 15TH ST NW SUITE 802

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00010868

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2017

Transaction ID : SA11C.115699

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF ENGINEERING PAC

Mailing Address 1015 15TH ST NW SUITE 802

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00010868

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115884

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

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

Mailing Address 400 N CAPITOL ST NW
STE 450

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

FEC ID number of contributing federal political committee. **C** C00007450

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115887

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 6000.00 |
| TOTAL This Period (last page this line number only).....▶ | _____ |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 42 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF STEEL CONSTRUCTION PAC

Mailing Address ONE EAST WACKER DRIVE SUITE 700

| | | |
|-----------------|-------------|-------------------|
| City CHICAGO | State IL | Zip Code 60601 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00542308

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11C.115725

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN IRON AND STEEL INSTITUTE POLITICAL ACTION COMMITTEE (STEEL PAC)

Mailing Address 1140 CONNECTICUT AVENUE, NW
SUITE 705

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20036 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00295097

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2017

Transaction ID : SA11C.115800

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF TRAVEL AGENTS PAC

Mailing Address 1101 KING ST

| | | |
|--------------------|-------------|-------------------|
| City ALEXANDRIA | State VA | Zip Code 22314 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00114108

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2017

Transaction ID : SA11C.115798

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

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

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 43 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address 1300 MORRIS DRIVE
SUITE 100

City CHESTERBROOK State PA Zip Code 19355

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115855

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ANHEUSER-BUSCH COMPANIES PAC

Mailing Address 1401 I ST NW SUITE 200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115857

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AQUA AMERICA, INC. H2O PAC

Mailing Address 762 LANCASTER AVE W

City BRYN MAWR State PA Zip Code 19010

FEC ID number of contributing federal political committee. **C** C00340455

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : SA11C.115700

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 44 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARCELORMITTAL USA LLC GOOD GOVERNMENT COMMITTEE

Mailing Address 1808 EYE STREET NW
5TH FLOOR

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20006 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00104109

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11C.115729

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 1735 NEW YORK AVENUE, NW

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20006 |
|--------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2017

Transaction ID : SA11C.115583

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ASSOCIATION OF AMERICAN RAILROADS

Mailing Address 425 THIRD STREET SW
SUITE 1000

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20024 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00280743

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11C.115732

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 45 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ATLAS AIR WORLDWIDE HOLDINGS INC. PAC

Mailing Address 2000 WESTCHESTER AVE

| | | |
|------------------|-------------|-------------------|
| City PURCHASE | State NY | Zip Code 10677 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00478099

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 27 / 2017 |

Transaction ID : SA11C.115794

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BNSF RAILPAC

Mailing Address 500 NEW JERSEY AVE NW
SUITE 550

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

FEC ID number of contributing federal political committee. **C** C00235739

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 20 / 2017 |

Transaction ID : SA11C.115730

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BUCHANAN INGERSOLL & ROONEY PAC

Mailing Address 1 OXFORD CENTER 20TH FLOOR
301 GRANT STREET

| | | |
|--------------------|-------------|-------------------|
| City PITTSBURGH | State PA | Zip Code 15219 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00195388

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11C.115845

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 12500.00 |
| 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 46 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CH2M HILL COMPANIES LTD PAC

Mailing Address 9191 S JAMAICA STREET

| | | |
|-------------------|-------------|-------------------|
| City ENGLEWOOD | State CO | Zip Code 80112 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00143305

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11C.115717

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CLIFFS NATURAL RESOURCES INC. PAC

Mailing Address 1100 SUPERIOR AVENUE
ROOM 1500

| | | |
|--------------------|-------------|-------------------|
| City CLEVELAND, | State OH | Zip Code 44114 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00039016

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2017

Transaction ID : SA11C.115797

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CONCRETE REINFORCING STEEL INSTITUTE PAC (REBAR PAC)

Mailing Address 933 N PLUM GROVE RD

| | | |
|-------------------|-------------|-------------------|
| City SCAUMBURG | State IL | Zip Code 60173 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00565614

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115888

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 3000.00 |
| TOTAL This Period (last page this line number only).....▶ | _____ |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 47 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CRUISE LINES INTERNATIONAL ASSOC PAC

Mailing Address 2111 WILSON BLVD
8TH FLOOR

City ARLINGTON State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2017

Transaction ID : SA11C.115796

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CSX CORP GOOD GOVT FUND

Mailing Address 1331 PENNSYLVANIA AVE NW
SUITE 560 NATIONAL PLACE

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11C.115731

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CSX CORP GOOD GOVT FUND

Mailing Address 1331 PENNSYLVANIA AVE NW
SUITE 560 NATIONAL PLACE

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115874

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 7500.00 |
| 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 48 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEERE AND COMPANY PAC (AKA JOHN DEERE PAC)

Mailing Address ONE JOHN DEERE PLACE

| | | |
|----------------|-------------|-------------------|
| City MOLINE | State IL | Zip Code 61265 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00204099

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11C.115858

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DEERE AND COMPANY PAC (AKA JOHN DEERE PAC)

Mailing Address ONE JOHN DEERE PLACE

| | | |
|----------------|-------------|-------------------|
| City MOLINE | State IL | Zip Code 61265 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00204099

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11C.115859

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 400 NORTH CAPITOL STREET NW
SUITE 875

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

FEC ID number of contributing federal political committee. **C** C00108209

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11C.115870

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 12500.00 |
| 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 49 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DRINKER BIDDLE

Mailing Address 1500 K ST NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00370759

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : SA11C.115694

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DUANE MORRIS LLP GOVERNMENT COMMITTEE

Mailing Address 30 17TH ST S

City PHILADELPHIA State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 29 / 2017

Transaction ID : SA11C.115811

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE

Mailing Address 1125 SEVENTEENTH STREET NW

City WASHINGTON State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115861

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8000.00 |
| 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 50 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115869

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 300 N. MERIDIAN STREET
SUITE 2700

| | | |
|----------------------|-------------|-------------------|
| City INDIANAPOLIS | State IN | Zip Code 46204 |
|----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00386904

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115847

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FLORIDA EAST COAST INDUSTRIES INC GOOD GOVERNMENT COMMITTEE (FECI PAC)

Mailing Address 2855 LE JEUNE ROAD 4TH FLOOR

| | | |
|----------------------|-------------|-------------------|
| City CORAL GABLES | State FL | Zip Code 33134 |
|----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00544908

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11C.115734

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 8500.00 |
| 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 51 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FLORIDA EAST COAST INDUSTRIES INC GOOD GOVERNMENT COMMITTEE (FECI PAC)

Mailing Address 2855 LE JEUNE ROAD 4TH FLOOR

| | | |
|----------------------|-------------|-------------------|
| City CORAL GABLES | State FL | Zip Code 33134 |
|----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00544908

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11C.115735

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FORD MOTOR CO CIVIC ACTION FUND

Mailing Address 1350 I STREET NW

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00046474

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 14 / 2017

Transaction ID : SA11C.115682

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FORD MOTOR CO CIVIC ACTION FUND

Mailing Address 1350 I STREET NW

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00046474

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115866

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8500.00 |
| 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 52 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. 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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115889

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11C.115736

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE

Mailing Address 3375 KOAPAKA STREET SUITE G350

| | | |
|------------------|-------------|-------------------|
| City HONOLULU | State HI | Zip Code 96819 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00456939

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2017

Transaction ID : SA11C.115790

Amount of Each Receipt this Period
2700.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4700.00 |
| 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 53 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HNTB HOLDINGS LTD PAC

Mailing Address 715 KIRK DR

| | | |
|---------------------|-------------|-------------------|
| City KANSAS CITY | State MO | Zip Code 64105 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00386029

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2017

Transaction ID : SA11C.115702

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HNTB HOLDINGS LTD PAC

Mailing Address 715 KIRK DR

| | | |
|---------------------|-------------|-------------------|
| City KANSAS CITY | State MO | Zip Code 64105 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00386029

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11C.115772

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JETBLUE AIRWAYS CORPORATION CREWMEMBER GOOD GOVERNMENT FUND (JETBLUE PAC)

Mailing Address 1212 NEW YORK AVE NW STE 1212

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00484584

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115852

Amount of Each Receipt this Period
 _____ 5000.00

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 9500.00 |
| 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 54 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JM FAMILY ENTERPRISES INC PAC

Mailing Address 111 JIM MORAN BLVD

| | | |
|-------------------------|-------------|-------------------|
| City DEERFIELD BEACH | State FL | Zip Code 33442 |
|-------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00240911

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 02 / 09 / 2017 |

Transaction ID : SA11C.115548

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KELLEY DRYE & WARREN POLITICAL ACTION COMMITTEE

Mailing Address 3050 K STREET NW SUITE 400

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20007 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00301929

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 20 / 2017 |

Transaction ID : SA11C.115723

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LEHIGH HANSON INC POLITICAL ACTION COMMITTEE

Mailing Address 300 E JOHN CARPENTER FREEWAY

| | | |
|----------------|-------------|-------------------|
| City IRVING | State TX | Zip Code 75062 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00493270

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11C.115886

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8500.00 |
| 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 55 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOWE'S COMPANIES INC PAC

Mailing Address 1000 LOWE'S BOULEVARD

| | | |
|---------------------|-------------|-------------------|
| City MOORESVILLE | State NC | Zip Code 28117 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00251751

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 20 / 2017 |

Transaction ID : SA11C.115715

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LOWE'S COMPANIES INC PAC

Mailing Address 1000 LOWE'S BOULEVARD

| | | |
|---------------------|-------------|-------------------|
| City MOORESVILLE | State NC | Zip Code 28117 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00251751

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 20 / 2017 |

Transaction ID : SA11C.115716

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MAYNARD COOPER & GALE PC PAC

Mailing Address 1901 SIXTH AVENUE NORTH
2400 REGIONS/HARBERT PLAZA

| | | |
|--------------------|-------------|-------------------|
| City BIRMINGHAM | State AL | Zip Code 35203 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00272724

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 20 / 2017 |

Transaction ID : SA11C.115724

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 11000.00 |
| 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 56 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS PAC

Mailing Address 1325 MASSACHUSETTS AVE NW

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00238725

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11C.115860

Amount of Each Receipt this Period
5000.00

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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 27 / 2017 |

Transaction ID : SA11C.115802

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION PAC

Mailing Address 1101 KING ST SUITE 600

| | | |
|--------------------|-------------|-------------------|
| City ALEXANDRIA | State VA | Zip Code 22314 |
|--------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 27 / 2017 |

Transaction ID : SA11C.115801

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 12500.00 |
| 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 57 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL FUEL GAS FEDERAL PAC

Mailing Address 6363 MAIN STREET

| | | |
|-----------------------|-------------|-------------------|
| City WILLIAMSVILLE | State NY | Zip Code 14221 |
|-----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00083758

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2017

Transaction ID : SA11C.115791

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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115856

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL TANK TRUCK CARRIERS PAC

Mailing Address 950 GLEBE RD N
SUITE 520

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22203 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00188011

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2017

Transaction ID : SA11C.115793

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 6000.00 |
| TOTAL This Period (last page this line number only).....▶ | _____ |

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

| | | | | |
|---|--------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 58 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address ONE NATIONWIDE PLAZA
1-32-301

| | | |
|------------------|-------------|-------------------|
| City COLUMBUS | State OH | Zip Code 43215 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00076174

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115871

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NAVISTAR INC. GOOD GOVERNMENT COMMITTEE

Mailing Address 2701 NAVISTAR DRIVE

| | | |
|---------------|-------------|-------------------|
| City LISLE | State IL | Zip Code 60532 |
|---------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00040840

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11C.115727

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 200 CIVIC CENTER DR

| | | |
|------------------|-------------|-------------------|
| City COLUMBUS | State OH | Zip Code 43215 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00051979

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115862

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 5000.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 59 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NORFOLK SOUTHERN CORP GOOD GOVT FUND

Mailing Address THREE COMMERCIAL PL

| | | |
|-----------------|-------------|-------------------|
| City NORFOLK | State VA | Zip Code 23510 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00009282

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11C.115733

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 1605 KING ST

| | | |
|--------------------|-------------|-------------------|
| City ALEXANDRIA | State VA | Zip Code 22314 |
|--------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115863

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NUCLEAR ENERGY INSTITUTE

Mailing Address 1776 EYE ST NW 4TH FLOOR

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20006 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00239848

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115867

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 12500.00 |
| 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 60 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NUCOR CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1915 REXFORD ROAD

| | | |
|-------------------|-------------|-------------------|
| City CHARLOTTE | State NC | Zip Code 28211 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00379628

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115853

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
OLD CASTLE MATERIALS INC. PAC

Mailing Address 101 CONSTITUTION AVE NW
SUITE 600W

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

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11C.115721

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
OLD CASTLE MATERIALS INC. PAC

Mailing Address 101 CONSTITUTION AVE NW
SUITE 600W

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

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11C.115770

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 7000.00 |
| TOTAL This Period (last page this line number only).....▶ | _____ |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 61 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11C.115720

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address ONE PENN PLAZA

City NEW YORK State NY Zip Code 10119

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

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : SA11C.115701

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PG&E CORPORATION EMPLOYEES ENERGY PAC

Mailing Address 77 BEALE STREET
PO BOX 770000 B29H

City SAN FRANCISCO State CA Zip Code 94177

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115875

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 62 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PILOTS' SOCIETY PAC

Mailing Address PO BOX 37479

| | | |
|----------------------|-------------|-------------------|
| City PHILADELPHIA | State PA | Zip Code 19148 |
|----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00240457

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2017

Transaction ID : SA11C.115703

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PORTLAND CEMENT ASSOCIATION, INC. PAC

Mailing Address 500 NEW JERSEY AVE NW
SEVENTH FLOOR

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

FEC ID number of contributing federal political committee. **C** C00237065

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115890

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
POWER PAC OF EDISON ELECTRIC INSTITUTE

Mailing Address 701 PENNSYLVANIA AVE NW

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20004 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00095869

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115872

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 6000.00 |
| TOTAL This Period (last page this line number only).....▶ | _____ |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 63 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PPL PEOPLE FOR GOOD GOVT PAC

Mailing Address TWO NORTH NINTH ST

| | | |
|-------------------|-------------|-------------------|
| City ALLENTOWN | State PA | Zip Code 18101 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00228106

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11C.115849

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address C/O G&W 2201 WISCONSIN AVE., N SUITE 320

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20007 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00165159

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 02 / 23 / 2017 |

Transaction ID : SA11C.115582

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address C/O G&W 2201 WISCONSIN AVE., N SUITE 320

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20007 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00165159

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 20 / 2017 |

Transaction ID : SA11C.115718

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 64 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address C/O G&A;W 2201 WISCONSIN AVE., N
SUITE 320

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20007 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00165159

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 20 / 2017 |

Transaction ID : SA11C.115719

Amount of Each Receipt this Period

| |
|---------|
| 8000.00 |
|---------|

Memo Item

B. Full Name (Last, First, Middle Initial)
SAFARI CLUB INTERNATIONAL PAC

Mailing Address 4800 GATES PASS RD W

| | | |
|----------------|-------------|-------------------|
| City TUCSON | State AZ | Zip Code 85745 |
|----------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 27 / 2017 |

Transaction ID : SA11C.115799

Amount of Each Receipt this Period

| |
|---------|
| 2000.00 |
|---------|

Memo Item

C. Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES CO. FREEDOM FUND

Mailing Address P O BOX 36611, HDQ 4GA

| | | |
|----------------|-------------|-------------------|
| City DALLAS | State TX | Zip Code 75235 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00341602

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11C.115846

Amount of Each Receipt this Period

| |
|---------|
| 5000.00 |
|---------|

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 8000.00 |
| 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 65 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SSAB AMERICAS PAC SSAB ENTERPRISES LLC

Mailing Address 801 WARRENVILLE RD SUITE 800

| | | |
|---------------|-------------|-------------------|
| City LISLE | State IL | Zip Code 60532 |
|---------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00513861

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115848

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address ONE STATE FARM PLAZA
C/O MARK SCHWAMBERGER, TREASURER,

| | | |
|---------------------|-------------|-------------------|
| City BLOOMINGTON | State IL | Zip Code 61710 |
|---------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2017

Transaction ID : SA11C.115584

Amount of Each Receipt this Period
 5000.00

Memo Item

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 |
|-----------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11C.115771

Amount of Each Receipt this Period
 2500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 8500.00 |
| 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 66 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. PAC

Mailing Address 101 CONSTITUTION AVE NW
SUITE 800 WEST

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

FEC ID number of contributing federal political committee. **C** C00284885

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11C.115769

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THE TRAVELERS COMPANIES INC. PAC

Mailing Address ONE TOWER SQUARE

| | | |
|------------------|-------------|-------------------|
| City HARTFORD | State CT | Zip Code 06183 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00376376

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : SA11C.115764

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THE WILLIAMS COMPANIES INC PAC

Mailing Address 1627 I STREET NW
SUITE 900

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20006 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00040394

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : SA11C.115868

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10000.00 |
| 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 67 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UGI STATE PAC

Mailing Address 2525 N 11TH STREET

| | | |
|-----------------|-------------|-------------------|
| City READING | State PA | Zip Code 19612 |
|-----------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11C.115885

Amount of Each Receipt this Period
500.00

Memo Item
PERMISSIBLE FUNDS VERIFICATION REQUESTED

B. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORP FFEG PAC

Mailing Address 700 THIRTEENTH STREET, NW
SUITE 350

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00010470

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11C.115854

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address PO BOX 66423

| | | |
|-----------------|-------------|-------------------|
| City CHICAGO | State IL | Zip Code 60666 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00078261

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 14 / 2017 |

Transaction ID : SA11C.115681

Amount of Each Receipt this Period
2000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 7500.00 |
| 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 68 OF 134 | | |
| | <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 AIRLINES INC PAC

Mailing Address PO BOX 66423

| | | |
|-----------------|-------------|-------------------|
| City CHICAGO | State IL | Zip Code 60666 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00078261

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA11C.115815

Amount of Each Receipt this Period
 _____ 3000.00

Memo Item

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

Mailing Address 9800 FREDERICKSBURG ROAD

| | | |
|---------------------|-------------|-------------------|
| City SAN ANTONIO | State TX | Zip Code 78288 |
|---------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11C.115765

Amount of Each Receipt this Period
 _____ 5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
UNITED STATES STEEL PAC

Mailing Address 600 GRANT STREET

| | | |
|--------------------|-------------|-------------------|
| City PITTSBURGH | State PA | Zip Code 15219 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00030676

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2017

Transaction ID : SA11C.115728

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 10000.00 |
| 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 69 OF 134 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNITED TRANSPORTATION UNION PAC

Mailing Address 24950 COUNTRY CLUB BLVD-STE 340

| | | |
|-----------------------|-------------|-------------------|
| City NORTH OLMSTED | State OH | Zip Code 44070 |
|-----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00001636

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 27 / 2017 |

Transaction ID : SA11C.115795

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 55 GLENLAKE PKWY NE

| | | |
|-----------------|-------------|-------------------|
| City ATLANTA | State GA | Zip Code 30328 |
|-----------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11C.115864

Amount of Each Receipt this Period
5000.00

Memo Item

C. 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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2017 |

Transaction ID : SA11C.115883

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 12500.00 |
| 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 70 OF 134 | | |
| | <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)
WESTFIELD FEDERAL EMPLOYEE POLITICAL ACTION COMMITTEE OF OHIO FARMERS INSURANCE COMPANY

Mailing Address ONE PARK CIRCLE
P.O. BOX 5001

| | | |
|--------------------------|-------------|-------------------|
| City WESTFIELD CENTER | State OH | Zip Code 44251 |
|--------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00376863

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2017

Transaction ID : SA11C.115581

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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

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).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | 252200.00 |

**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 134 | |
| | <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)
KEN WERTZ HAULING, INC.

Mailing Address 2567 W LOOP RD

| | | |
|-----------------------|-------------|-------------------|
| City HOLLIDAYSBURG | State PA | Zip Code 16648 |
|-----------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2017

Transaction ID : SA14.115472

Amount of Each Receipt this Period
 _____ 300.00

Memo Item
REFUND

B. Full Name (Last, First, Middle Initial)
MENTZER MEDIA SERVICES INC

Mailing Address 210 W PENNSYLVANIA AVE STE 250

| | | |
|----------------|-------------|-------------------|
| City TOWSON | State MD | Zip Code 21204 |
|----------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 4998.42

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2017

Transaction ID : SA14.115813

Amount of Each Receipt this Period
 _____ 4998.42

Memo Item
REFUND

C. Full Name (Last, First, Middle Initial)
UNITED STATES TREASURY

Mailing Address PO BOX 105703

| | | |
|-----------------|-------------|-------------------|
| City ATLANTA | State GA | Zip Code 30348 |
|-----------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 493.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2017

Transaction ID : SA14.115784

Amount of Each Receipt this Period
 _____ 493.60

Memo Item
REFUND

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 5792.02 |
| TOTAL This Period (last page this line number only).....▶ | _____ 5792.02 |

**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 72 OF 134 | | | |
| | <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. 814 CONSULTING LLC | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2017 | | | | | | | | | | | | | | | |
| Mailing Address 5827 COLFAX AVE. | | | | | | | | | | | | | | | | | | |
| City ALEXANDRIA | State VA | Zip Code 22311 | FEC Identification Number C | | | | | | | | | | | | | | | |
| Purpose of Disbursement FUNDRAISING CONSULTING | | Category/ Type 001 | Amount of Each Disbursement this Period 26043.35 | | | | | | | | | | | | | | | |
| Candidate Name | | Transaction ID : SB17.115707 | | | | | | | | | | | | | | | | |
| Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> | <input type="checkbox"/> | House | <input type="checkbox"/> | Senate | <input type="checkbox"/> | President | Disbursement For: <table border="0"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify) ▼</td></tr> </table> | | <input type="checkbox"/> | Primary | <input type="checkbox"/> | General | <input type="checkbox"/> | Other (specify) ▼ | | | <input type="checkbox"/> Memo Item | |
| <input type="checkbox"/> | House | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Senate | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | President | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Other (specify) ▼ | | | | | | | | | | | | | | | | | |
| State: | District: | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|--|--------------------------|------------------------------|---|--------|--------------------------|-----------|--|--|--------------------------|---------|--------------------------|---------|--------------------------|-------------------|--|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. ACE SELF STORAGE | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | | | | | | | | | | | | | | |
| Mailing Address 300 ORCHARD AVE. | | | | | | | | | | | | | | | | | | |
| City ALTOONA | State PA | Zip Code 16602 | FEC Identification Number C | | | | | | | | | | | | | | | |
| Purpose of Disbursement STORAGE UNIT RENTAL | | Category/ Type 001 | Amount of Each Disbursement this Period 689.60 | | | | | | | | | | | | | | | |
| Candidate Name | | Transaction ID : SB17.115512 | | | | | | | | | | | | | | | | |
| Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> | <input type="checkbox"/> | House | <input type="checkbox"/> | Senate | <input type="checkbox"/> | President | Disbursement For: <table border="0"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify) ▼</td></tr> </table> | | <input type="checkbox"/> | Primary | <input type="checkbox"/> | General | <input type="checkbox"/> | Other (specify) ▼ | | | <input type="checkbox"/> Memo Item | |
| <input type="checkbox"/> | House | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Senate | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | President | | | | | | | | | | | | | | | | | |
| <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 01 / 03 / 2017 | | | | | | | | | | | | | | | |
| Mailing Address 1 ADP BLVD | | | | | | | | | | | | | | | | | | |
| City ROSELAND | State NJ | Zip Code 07068 | FEC Identification Number C | | | | | | | | | | | | | | | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Amount of Each Disbursement this Period 2446.91 | | | | | | | | | | | | | | | |
| Candidate Name | | Transaction ID : SB17.115367 | | | | | | | | | | | | | | | | |
| Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> | <input type="checkbox"/> | House | <input type="checkbox"/> | Senate | <input type="checkbox"/> | President | Disbursement For: <table border="0"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify) ▼</td></tr> </table> | | <input type="checkbox"/> | Primary | <input type="checkbox"/> | General | <input type="checkbox"/> | Other (specify) ▼ | | | <input type="checkbox"/> Memo Item | |
| <input type="checkbox"/> | House | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Senate | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | President | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Other (specify) ▼ | | | | | | | | | | | | | | | | | |
| State: | District: | | | | | | | | | | | | | | | | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 29179.86 |
| 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 73 OF 134 | | | |
| | <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. MENZLER, TYLER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2017 | | |
| Mailing Address 701 THOMPSON AVE | | | FEC Identification Number C | | |
| City DONORA | State PA | Zip Code 15033 | Amount of Each Disbursement this Period 2446.91 | | |
| Purpose of Disbursement STAFF SALARY | | Category/ Type 001 | Transaction ID : SB17.115368 | | |
| 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: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2017 | | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 1312.55 | | |
| Purpose of Disbursement PAYROLL TAXES | | Category/ Type 001 | Transaction ID : SB17.115369 | | |
| 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: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2017 | | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 126.40 | | |
| Purpose of Disbursement PAYROLL SERVICE FEES | | Category/ Type 001 | Transaction ID : SB17.115469 | | |
| 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: | | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1438.95 |
| 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 74 OF 134 | | | |
| | <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 01 / 13 / 2017 | | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 120.64 | | |
| Purpose of Disbursement PAYROLL SERVICE FEES | | Category/ Type 001 | Transaction ID : SB17.115473 | | |
| 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: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2017 | | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 14.00 | | |
| Purpose of Disbursement PAYROLL SERVICE FEES | | Category/ Type 001 | Transaction ID : SB17.115474 | | |
| 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: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 118.75 | | |
| Purpose of Disbursement PAYROLL SERVICE FEES | | Category/ Type 001 | Transaction ID : SB17.115538 | | |
| 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: | | | | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 253.39 |
| 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 75 OF 134 | | | |
| | <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 01 / 30 / 2017 | | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 2844.91 | | |
| Purpose of Disbursement PAYROLL TAXES | | Category/ Type 001 | Transaction ID : SB17.115539 | | |
| 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: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2017 | | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 5869.29 | | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Transaction ID : SB17.115540 | | |
| 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: | | | | | |

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. CONTRES, CASEY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2017 | | |
| Mailing Address 2213 7TH AVE APT. A | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 2241.56 | | |
| Purpose of Disbursement STAFF SALARY | | Category/ Type 001 | Transaction ID : SB17.115541 | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 8714.20 |
| 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 76 OF 134 | | | |
| | <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. MEARKLE, JENNIFER, , MS., | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2017 | | |
| Mailing Address 3022 BROAD AVE | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 170.88 | | |
| Purpose of Disbursement STAFF SALARY | | Category/ Type 001 | Transaction ID : SB17.115542 | | |
| 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: | | | | | |

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. PSYHOGIOS-SMITH, BRITTANY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2017 | | |
| Mailing Address 700 S. COURTHOUSE RD. #404 | | | FEC Identification Number C | | |
| City ARLINGTON | State VA | Zip Code 22204 | Amount of Each Disbursement this Period 835.02 | | |
| Purpose of Disbursement STAFF SALARY | | Category/ Type 001 | Transaction ID : SB17.115543 | | |
| 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: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. STRAESSER, WILLIAM, , MR., | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2017 | | |
| Mailing Address PO BOX 1023 | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16603 | Amount of Each Disbursement this Period 2621.83 | | |
| Purpose of Disbursement STAFF SALARY | | Category/ Type 001 | Transaction ID : SB17.115544 | | |
| 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: | | | | | |

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| 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 77 OF 134 | | | |
| | <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 02 / 03 / 2017 |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement PAYROLL SERVICE FEES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 126.40 |
| State: District: | Transaction ID : SB17.115546 | |
| | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ADP | | Date of Disbursement |
| Mailing Address 1 ADP BLVD | | M M / D D / Y Y Y Y 02 / 28 / 2017 |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement SEE MEMO | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 5869.28 |
| State: District: | Transaction ID : SB17.115590 | |
| | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CONTRES, CASEY, , , | | Date of Disbursement |
| Mailing Address 2213 7TH AVE APT. A | | M M / D D / Y Y Y Y 02 / 28 / 2017 |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement STAFF SALARY | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 2241.56 |
| State: District: | Transaction ID : SB17.115591 | |
| | | <input checked="" type="checkbox"/> Memo Item |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 5995.68 |
| 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 78 OF 134 | |
| | <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. MEARKLE, JENNIFER, , MS., | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2017 | |
| Mailing Address 3022 BROAD AVE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 170.88 | |
| Purpose of Disbursement STAFF SALARY | | Category/ Type 001 | Transaction ID : SB17.115592 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. PSYHOGIOS-SMITH, BRITTANY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2017 | |
| Mailing Address 700 S. COURTHOUSE RD. #404 | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22204 | Amount of Each Disbursement this Period 835.02 | |
| Purpose of Disbursement STAFF SALARY | | Category/ Type 001 | Transaction ID : SB17.115593 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. STRAESSER, WILLIAM, , MR., | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2017 | |
| Mailing Address PO BOX 1023 | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16603 | Amount of Each Disbursement this Period 2621.82 | |
| Purpose of Disbursement STAFF SALARY | | Category/ Type 001 | Transaction ID : SB17.115594 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| 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 79 OF 134 | | | |
| | <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 02 / 28 / 2017 | | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 2844.92 | | |
| Purpose of Disbursement PAYROLL TAXES | | Category/ Type 001 | Transaction ID : SB17.115595 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2017 | | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 414.00 | | |
| Purpose of Disbursement PAYROLL SERVICE FEES | | Category/ Type 001 | Transaction ID : SB17.115586 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2017 | | |
| Mailing Address 1 ADP BLVD | | | FEC Identification Number C | | |
| City ROSELAND | State NJ | Zip Code 07068 | Amount of Each Disbursement this Period 126.40 | | |
| Purpose of Disbursement PAYROLL SERVICE FEES | | Category/ Type 001 | Transaction ID : SB17.115649 | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 3385.32 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 134 | | | |
| | <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 03 / 24 / 2017 |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement PAYROLL SERVICE FEES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 416.50 |
| Office Sought: <input type="checkbox"/> House <input 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 : SB17.115714 <input type="checkbox"/> Memo Item | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. ADP | | Date of Disbursement |
| Mailing Address 1 ADP BLVD | | M M / D D / Y Y Y Y 03 / 31 / 2017 |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement PAYROLL TAXES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 2796.35 |
| Office Sought: <input type="checkbox"/> House <input 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 : SB17.115835 <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. ADP | | Date of Disbursement |
| Mailing Address 1 ADP BLVD | | M M / D D / Y Y Y Y 03 / 31 / 2017 |
| City ROSELAND | State NJ | Zip Code 07068 |
| Purpose of Disbursement SEE MEMO | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 5869.29 |
| Office Sought: <input type="checkbox"/> House <input 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 : SB17.115836 <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 9082.14 |
| 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 81 OF 134 | |
| | <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. CONTRES, CASEY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2017 | |
| Mailing Address 2213 7TH AVE APT. A | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 2241.56 | |
| Purpose of Disbursement STAFF SALARY | | Category/ Type 001 | Transaction ID : SB17.115837 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. MEARKLE, JENNIFER, , MS., | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2017 | |
| Mailing Address 3022 BROAD AVE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 170.88 | |
| Purpose of Disbursement STAFF SALARY | | Category/ Type 001 | Transaction ID : SB17.115838 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. PSYHOGIOS-SMITH, BRITTANY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2017 | |
| Mailing Address 700 S. COURTHOUSE RD. #404 | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22204 | Amount of Each Disbursement this Period 835.02 | |
| Purpose of Disbursement STAFF SALARY | | Category/ Type 001 | Transaction ID : SB17.115839 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| 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 82 OF 134 | | | |
| | <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. STRAESSER, WILLIAM, , MR., | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2017 | | |
| Mailing Address PO BOX 1023 | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16603 | Amount of Each Disbursement this Period 2621.83 | | |
| Purpose of Disbursement STAFF SALARY | | Category/ Type 001 | Transaction ID : SB17.115840 | | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | | |
| State: District: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | | |
| Mailing Address PO BOX 1270 | | | FEC Identification Number C | | |
| City NEWARK | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 2000.58 | | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Transaction ID : SB17.115371 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. AMAZON.COM | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | | |
| Mailing Address 2646 RAINIER AVENUE S | | | FEC Identification Number C | | |
| City SEATTLE | State WA | Zip Code 98144 | Amount of Each Disbursement this Period 33.38 | | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.115372 | | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2000.58 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 83 OF 134 | |
| | <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 M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 1 HACKER WAY | | | FEC Identification Number C | |
| City MENLO PARK | State CA | Zip Code 94025 | Amount of Each Disbursement this Period 410.69 | |
| Purpose of Disbursement ONLINE ADVERTISING | | Category/ Type 001 | Transaction ID : SB17.115374 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address PO BOX 1270 | | | FEC Identification Number C | |
| City NEWARK | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 243.94 | |
| Purpose of Disbursement CREDIT CARD FEES | | Category/ Type 001 | Transaction ID : SB17.115379 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) C. GLOBAL PRINTING | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 3670 WHEELER AVE | | | FEC Identification Number C | |
| City ALEXANDRIA | State VA | Zip Code 22304 | Amount of Each Disbursement this Period 244.28 | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : SB17.115386 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 84 OF 134 | |
| | <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 STANDARD HOTEL | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 848 WASHINGTON ST | | | FEC Identification Number C | |
| City NEW YORK | State NY | Zip Code 10014 | Amount of Each Disbursement this Period 295.62 | |
| Purpose of Disbursement LODGING | | Category/ Type 001 | Transaction ID : SB17.115387 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address PO BOX 1270 | | | FEC Identification Number C | |
| City NEWARK | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 23303.36 | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Transaction ID : SB17.115388 | |
| 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) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. 1796 ROOM | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 2138 BUSINESS 220 | | | FEC Identification Number C | |
| City BEDFORD | State PA | Zip Code 15522 | Amount of Each Disbursement this Period 220.00 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115390 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 23303.36 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 85 OF 134 | |
| | <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 01 / 02 / 2017 | |
| Mailing Address 1 SHERATON DR. | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 6530.71 | |
| Purpose of Disbursement EVENT FACILITY RENTAL | | Category/ Type 001 | Transaction ID : SB17.115392 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. AMTRAK | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 400 N CAPITOL STREET NW | | | FEC Identification Number C | |
| City WASHINGTON | State DC | Zip Code 20001 | Amount of Each Disbursement this Period 940.00 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115393 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address PO BOX 1270 | | | FEC Identification Number C | |
| City NEWARK | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 450.00 | |
| Purpose of Disbursement MEMBERSHIP FEE | | Category/ Type 001 | Transaction ID : SB17.115394 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 86 OF 134 | |
| | <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 01 / 02 / 2017 | |
| Mailing Address PO BOX 9001309 | | | FEC Identification Number C | |
| City LOUISVILLE | State KY | Zip Code 40290 | Amount of Each Disbursement this Period 152.88 | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.115395 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) B. CAPITAL GRILLE | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 601 PENNSYLVANIA AVE. NW | | | FEC Identification Number C | |
| City WASHINGTON | State DC | Zip Code 20004 | Amount of Each Disbursement this Period 650.00 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | Transaction ID : SB17.115399 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 300 FIRST STREET SE | | | FEC Identification Number C | |
| City WASHINGTON | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 685.54 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | Transaction ID : SB17.115400 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 87 OF 134 | |
| | <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. CENA MODERN ITALIAN RESTAURANT | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 9 SE 7TH AVE | | | FEC Identification Number C | |
| City DELRAY BEACH | State FL | Zip Code 33483 | Amount of Each Disbursement this Period 282.00 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115401 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) B. EATALY | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 200 5TH AVENUE | | | FEC Identification Number C | |
| City NEW YORK | State NY | Zip Code 10010 | Amount of Each Disbursement this Period 260.00 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115408 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) C. ENTERPRISE RENT-A-CAR | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 1525 KENWOOD AVENUE | | | FEC Identification Number C | |
| City ALEXANDRIA | State VA | Zip Code 22302 | Amount of Each Disbursement this Period 638.00 | |
| Purpose of Disbursement CAR RENTAL | | Category/ Type 001 | Transaction ID : SB17.115410 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 88 OF 134 | |
| | <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. HAMPTON INN | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 180 CHARLOTTE DRIVE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 548.39 | |
| Purpose of Disbursement LODGING | | Category/ Type 001 | Transaction ID : SB17.115412 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) B. HILTON HOTEL | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 1870 GRIFFIN ROAD | | | FEC Identification Number C | |
| City DANIA | State FL | Zip Code 33004 | Amount of Each Disbursement this Period 2512.27 | |
| Purpose of Disbursement LODGING | | Category/ Type 001 | Transaction ID : SB17.115413 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address PO BOX 1270 | | | FEC Identification Number C | |
| City NEWARK | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 37.00 | |
| Purpose of Disbursement CREDIT CARD FEES | | Category/ Type 001 | Transaction ID : SB17.115417 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 OF 134 | | | |
| | <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

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| Full Name (Last, First, Middle Initial) A. LENA'S CAFE | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | | |
| Mailing Address 2000 EIGHTH AVENUE | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 444.00 | | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | Transaction ID : SB17.115419 | | |
| 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) ▼ | | | | |
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| Full Name (Last, First, Middle Initial) B. MARRIOTT | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | | |
| Mailing Address 111 CRAWFORD AVENUE | | | FEC Identification Number C | | |
| City CONSHOHOCKEN | State PA | Zip Code 19428 | Amount of Each Disbursement this Period 1026.38 | | |
| Purpose of Disbursement LODGING | | Category/ Type 001 | Transaction ID : SB17.115423 | | |
| 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: | | | | | |

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| Full Name (Last, First, Middle Initial) C. NEMACOLIN WOODLANDS RESORT | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | | |
| Mailing Address 1001 LAFAYETTE DRIVE | | | FEC Identification Number C | | |
| City FARMINGTON | State PA | Zip Code 15437 | Amount of Each Disbursement this Period 1586.22 | | |
| Purpose of Disbursement EVENT FACILITY RENTAL | | Category/ Type 001 | Transaction ID : SB17.115424 | | |
| 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) ▼ | | | | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 90 OF 134 | |
| | <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

| | | | | |
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| Full Name (Last, First, Middle Initial) A. OCEAN KEY RESORT | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 0 DUVAL ST | | | FEC Identification Number C | |
| City KEY WEST | State FL | Zip Code 33040 | Amount of Each Disbursement this Period 595.13 | |
| Purpose of Disbursement LODGING | | Category/ Type 001 | Transaction ID : SB17.115425 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) B. OCEAN PRIME | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 1341 G ST NW | | | FEC Identification Number C | |
| City WASHINGTON | State DC | Zip Code 20005 | Amount of Each Disbursement this Period 205.00 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115426 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
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| Full Name (Last, First, Middle Initial) C. OMAR ISAZA | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 4707 47 AVE 3R | | | FEC Identification Number C | |
| City WOODSIDE | State NY | Zip Code 11377 | Amount of Each Disbursement this Period 234.00 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115428 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 91 OF 134 | | | |
| | <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

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| Full Name (Last, First, Middle Initial) A. PTC EZ PASS | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | | |
| Mailing Address 7631 DERRY STREET | | | FEC Identification Number C | | |
| City HARRISBURG | State PA | Zip Code 17111 | Amount of Each Disbursement this Period 70.00 | | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115432 | | |
| 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) ▼ | | | | |
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| Full Name (Last, First, Middle Initial) B. RISTORANTE TOSCA | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | | |
| Mailing Address 1112 F STREET NW | | | FEC Identification Number C | | |
| City WASHINGTON | State DC | Zip Code 20004 | Amount of Each Disbursement this Period 1127.80 | | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | Transaction ID : SB17.115433 | | |
| 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: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. SHEETZ INC | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | | |
| Mailing Address 5700 SIXTH AVENUE | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 304.97 | | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115435 | | |
| 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: | | | | | |

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 92 OF 134 | |
| | <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 01 / 02 / 2017 |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement OFFICE SUPPLIES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 24.14 |
| Office Sought: <input type="checkbox"/> House <input 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 : SB17.115437 <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. THE BENJAMIN HOTEL | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 |
| Mailing Address 125 EAST 50TH STREET | | FEC Identification Number C |
| City NEW YORK | State NY | Zip Code 10022 |
| Purpose of Disbursement EVENT FACILITY RENTAL | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 1157.52 |
| Office Sought: <input type="checkbox"/> House <input 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 : SB17.115439 <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. THE NATIONAL | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 |
| Mailing Address 557 LEXINGTON AVENUE | | FEC Identification Number C |
| City NEW YORK | State NY | Zip Code 10022 |
| Purpose of Disbursement MEETING EXPENSE | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 275.00 |
| Office Sought: <input type="checkbox"/> House <input 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 : SB17.115440 <input checked="" type="checkbox"/> Memo Item | |

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

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 OF 134 | | | |
| | <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 OLD EBBITT GRILL | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | | |
| Mailing Address 675 15TH STREET NW | | | FEC Identification Number C | | |
| City WASHINGTON | State DC | Zip Code 20005 | Amount of Each Disbursement this Period 220.00 | | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115441 | | |
| 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: | | | | | |

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| Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | | |
| Mailing Address 800 MARKET STREET 7TH FLOOR | | | FEC Identification Number C | | |
| City SAN FRANCISCO | State CA | Zip Code 94115 | Amount of Each Disbursement this Period 48.63 | | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115446 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address PO BOX 1270 | | | FEC Identification Number C | | |
| City NEWARK | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 2942.43 | | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Transaction ID : SB17.115476 | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2942.43 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 OF 134 | | | |
| | <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. CONGRESSIONAL LIQUORS | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address 404 FIRST STREET SE | | | FEC Identification Number C | | |
| City WASHINGTON | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 56.71 | | |
| Purpose of Disbursement EVENT SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.115480 | | |
| 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: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. WASHINGTON COURT HOTEL | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address 525 NEW JERSEY AVE. NW | | | FEC Identification Number C | | |
| City WASHINGTON | State DC | Zip Code 20001 | Amount of Each Disbursement this Period 1865.16 | | |
| Purpose of Disbursement LODGING | | Category/ Type 001 | Transaction ID : SB17.115481 | | |
| 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: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. AT&T | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address PO BOX 9001309 | | | FEC Identification Number C | | |
| City LOUISVILLE | State KY | Zip Code 40290 | Amount of Each Disbursement this Period 104.33 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.115484 | | |
| 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: | | | | | |

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| 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 95 OF 134 | |
| | <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. GOOGLE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 |
| Mailing Address 1600 AMPHITHEATRE PKWY | | FEC Identification Number C |
| City MOUNTAIN VIEW | State CA | Zip Code 94043 |
| Purpose of Disbursement WEB SERVICES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 75.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. THE BLAIRMONT CLUB | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 |
| Mailing Address 145 LARCH STREET | | FEC Identification Number C |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 |
| Purpose of Disbursement EVENT CATERING | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 506.54 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. SHEETZ INC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 |
| Mailing Address 5700 SIXTH AVENUE | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement TRAVEL EXPENSE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 25.58 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

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

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 96 OF 134 | | | |
| | <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. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 25 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 136.38

Transaction ID : SB17.115489

Memo Item

B. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement SEE MEMO Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 25 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 2002.22

Transaction ID : SB17.115490

Memo Item

C. 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 Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 25 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 29.90

Transaction ID : SB17.115491

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2002.22

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 97 OF 134 | |
| | <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 01 / 25 / 2017 | |
| Mailing Address 800 MARKET STREET 7TH FLOOR | | | FEC Identification Number C | |
| City SAN FRANCISCO | State CA | Zip Code 94115 | Amount of Each Disbursement this Period 52.43 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115492 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. SHEETZ INC | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | |
| Mailing Address 5700 SIXTH AVENUE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 90.05 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115493 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. ALTOONA GRAND HOTEL | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | |
| Mailing Address 1 SHERATON DR. | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 285.32 | |
| Purpose of Disbursement LODGING | | Category/ Type 001 | Transaction ID : SB17.115494 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 98 OF 134 | | | |
| | <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. COURTESY FORD | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address 401 PLEASANT VALLEY BLVD. | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 629.54 | | |
| Purpose of Disbursement CAMPAIGN VEHICLE | | Category/ Type 001 | Transaction ID : SB17.115495 | | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | | |
| State: District: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. CAPITAL GRILLE | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address 601 PENNSYLVANIA AVE. NW | | | FEC Identification Number C | | |
| City WASHINGTON | State DC | Zip Code 20004 | Amount of Each Disbursement this Period 136.30 | | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115501 | | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | | |
| State: District: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. AT&T | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address PO BOX 9001309 | | | FEC Identification Number C | | |
| City LOUISVILLE | State KY | Zip Code 40290 | Amount of Each Disbursement this Period 50.00 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.115502 | | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 99 OF 134 | | | |
| | <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 01 / 25 / 2017 | | |
| Mailing Address 1112 F STREET NW | | | FEC Identification Number C | | |
| City WASHINGTON | State DC | Zip Code 20004 | Amount of Each Disbursement this Period 185.00 | | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115504 | | |
| 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: | | | | | |

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| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | | |
| Mailing Address PO BOX 1270 | | | FEC Identification Number C | | |
| City NEWARK | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 1521.16 | | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Transaction ID : SB17.115597 | | |
| 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: | | | | | |

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| Full Name (Last, First, Middle Initial) C. PTC EZ PASS | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | | |
| Mailing Address 7631 DERRY STREET | | | FEC Identification Number C | | |
| City HARRISBURG | State PA | Zip Code 17111 | Amount of Each Disbursement this Period 70.00 | | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115598 | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1521.16 |
| 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 134 | |
| | <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 AIRLINES | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | |
| Mailing Address PO BOX 619612 MD 2400 | | | FEC Identification Number C | |
| City DALLAS | State TX | Zip Code 75261 | Amount of Each Disbursement this Period 225.20 | |
| Purpose of Disbursement AIRFARE | | Category/ Type 001 | Transaction ID : SB17.115600 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. CHICK-FIL-A | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | |
| Mailing Address 2200 CRYSTAL DRIVE | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22202 | Amount of Each Disbursement this Period 82.15 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115601 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. CF FOLKS | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | |
| Mailing Address 1225 19TH ST. NW | | | FEC Identification Number C | |
| City WASHINGTON | State DC | Zip Code 20036 | Amount of Each Disbursement this Period 470.26 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | Transaction ID : SB17.115603 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| 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 101 OF 134 | |
| | <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 03 / 01 / 2017 | |
| Mailing Address 2646 RAINIER AVENUE S | | | FEC Identification Number C | |
| City SEATTLE | State WA | Zip Code 98144 | Amount of Each Disbursement this Period 34.32 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.115604 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. HARRIS TEETER | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | |
| Mailing Address 600 NORTH GLEBE ROAD | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22203 | Amount of Each Disbursement this Period 179.73 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115605 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. GOOGLE | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | |
| Mailing Address 1600 AMPHITHEATRE PKWY | | | FEC Identification Number C | |
| City MOUNTAIN VIEW | State CA | Zip Code 94043 | Amount of Each Disbursement this Period 75.00 | |
| Purpose of Disbursement ONLINE ADVERTISING | | Category/ Type 001 | Transaction ID : SB17.115607 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| 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 102 OF 134 | |
| | <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 03 / 01 / 2017 | |
| Mailing Address 145 LARCH STREET | | | FEC Identification Number C | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 208.00 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115609 | |
| 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: | | | | |

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| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | |
| Mailing Address PO BOX 1270 | | | FEC Identification Number C | |
| City NEWARK | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 6442.67 | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Transaction ID : SB17.115610 | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | |
| Mailing Address PO BOX 619612 MD 2400 | | | FEC Identification Number C | |
| City DALLAS | State TX | Zip Code 75261 | Amount of Each Disbursement this Period 457.40 | |
| Purpose of Disbursement AIRFARE | | Category/ Type 001 | Transaction ID : SB17.115612 | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 6442.67 |
| 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 103 OF 134 | |
| | <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 M M / D D / Y Y Y Y 03 / 01 / 2017 |
| Mailing Address 400 N CAPITOL STREET NW | | FEC Identification Number C |
| City WASHINGTON | State DC | Zip Code 20001 |
| Purpose of Disbursement TRAVEL EXPENSE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 154.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

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| Full Name (Last, First, Middle Initial) B. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 |
| Mailing Address PO BOX 9001309 | | FEC Identification Number C |
| City LOUISVILLE | State KY | Zip Code 40290 |
| Purpose of Disbursement TELEPHONE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 50.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. BLT PRIME | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 |
| Mailing Address 1100 PENNSYLVANIA AVE NW | | FEC Identification Number C |
| City WASHINGTON | State DC | Zip Code 20004 |
| Purpose of Disbursement EVENT CATERING | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

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| 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 104 OF 134 | |
| | <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

| | | | | |
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| Full Name (Last, First, Middle Initial) A. EXXON | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | |
| Mailing Address 542 SOUTH CENTER STREET | | | FEC Identification Number C | |
| City EBENSBURG | State PA | Zip Code 15931 | Amount of Each Disbursement this Period 123.86 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115622 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) B. MARRIOTT HOTELS | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | |
| Mailing Address 10400 FERNWOOD ROAD | | | FEC Identification Number C | |
| City BETHESDA | State MD | Zip Code 20817 | Amount of Each Disbursement this Period 500.69 | |
| Purpose of Disbursement LODGING | | Category/ Type 001 | Transaction ID : SB17.115625 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) C. RISTORANTE TOSCA | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | |
| Mailing Address 1112 F STREET NW | | | FEC Identification Number C | |
| City WASHINGTON | State DC | Zip Code 20004 | Amount of Each Disbursement this Period 486.00 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | Transaction ID : SB17.115630 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| 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 134 | |
| | <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. SHEETZ INC | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | |
| Mailing Address 5700 SIXTH AVENUE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 91.15 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115633 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | |
| Mailing Address 800 MARKET STREET 7TH FLOOR | | | FEC Identification Number C | |
| City SAN FRANCISCO | State CA | Zip Code 94115 | Amount of Each Disbursement this Period 93.39 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115635 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) C. OCEAN KEY RESORT | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | |
| Mailing Address 0 DUVAL ST | | | FEC Identification Number C | |
| City KEY WEST | State FL | Zip Code 33040 | Amount of Each Disbursement this Period 689.13 | |
| Purpose of Disbursement LODGING | | Category/ Type 001 | Transaction ID : SB17.115639 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
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| 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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 | | |
| Mailing Address PO BOX 1270 | | | FEC Identification Number C | | |
| City NEWARK | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 7.95 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.115654 | | |
| 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) ▼ | | | | |
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| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2017 | | |
| Mailing Address PO BOX 1270 | | | FEC Identification Number C | | |
| City NEWARK | State NJ | Zip Code 07101 | Amount of Each Disbursement this Period 51.03 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.115656 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. ANEDOT | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2017 | | |
| Mailing Address 5555 HILTON STE 106 | | | FEC Identification Number C | | |
| City BATON ROUGE | State LA | Zip Code 70808 | Amount of Each Disbursement this Period 415.80 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.115677 | | |
| 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) ▼ | | | | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 474.78 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 107 OF 134 | |
| | <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. ASSOCIATION OF OIL PIPE LINES PAC | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2017 | |
| Mailing Address 1808 EYE STREET NW SUITE 300 | | | FEC Identification Number C C00486779 | |
| City WASHINGTON | State DC | Zip Code 20006 | Amount of Each Disbursement this Period 488.88 | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Transaction ID : SB17.115704 | |
| Candidate Name ASSOCIATION OF OIL PIPE LINES PAC | | 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) ▼ | | | |
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| Full Name (Last, First, Middle Initial) B. CATERING BY GEORGE | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2017 | |
| Mailing Address PO BOX 30126 | | | FEC Identification Number C | |
| City HOUSTON | State TX | Zip Code 77249 | Amount of Each Disbursement this Period 288.88 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | Transaction ID : SB17.115705 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) C. PLAINS ALL AMERICAN | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2017 | |
| Mailing Address 333 CLAY STREET STE 1600 | | | FEC Identification Number C | |
| City HOUSTON | State TX | Zip Code 77566 | Amount of Each Disbursement this Period 200.00 | |
| Purpose of Disbursement EVENT FACILITY RENTAL | | Category/ Type 001 | Transaction ID : SB17.115706 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 488.88 |
| 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 108 OF 134 | | | |
| | <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 01 / 25 / 2017 | | |
| Mailing Address 2101 L STREET NW STE. 1000 | | | | | |
| City WASHINGTON | State DC | Zip Code 20037 | FEC Identification Number C | | |
| Purpose of Disbursement LEGAL FEES | | Category/ Type 001 | Amount of Each Disbursement this Period 1500.00 | | |
| Candidate Name | | Transaction ID : SB17.115514 | | | |
| Office Sought: <input type="checkbox"/> 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 | | |
| State: | District: | | | | |

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|--|--|------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. BERKE FARAH LLP | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2017 | | |
| Mailing Address 2101 L STREET NW STE. 1000 | | | | | |
| City WASHINGTON | State DC | Zip Code 20037 | FEC Identification Number C | | |
| Purpose of Disbursement LEGAL FEES | | Category/ Type 001 | Amount of Each Disbursement this Period 1500.00 | | |
| Candidate Name | | Transaction ID : SB17.115556 | | | |
| Office Sought: <input type="checkbox"/> 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 | | |
| State: | District: | | | | |

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|--|--|------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. BERKE FARAH LLP | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2017 | | |
| Mailing Address 2101 L STREET NW STE. 1000 | | | | | |
| City WASHINGTON | State DC | Zip Code 20037 | FEC Identification Number C | | |
| Purpose of Disbursement LEGAL FEES | | Category/ Type 001 | Amount of Each Disbursement this Period 1500.00 | | |
| Candidate Name | | Transaction ID : SB17.115664 | | | |
| Office Sought: <input type="checkbox"/> 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 | | |
| State: | District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4500.00 |
| TOTAL This Period (last page this line number only)..... | 4500.00 |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 109 OF 134 | |
| | <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 CO REPUBLICAN COMMITTEE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 |
| Mailing Address C/O BETH BRITZ 1009 NEWRY LANE | | FEC Identification Number C |
| City DUNCANSVILLE | State PA | Zip Code 16635 |
| Purpose of Disbursement OFFICE RENT/EVENT SPONSORSHIP | Category/ Type 001 | Amount of Each Disbursement this Period 1200.00 |
| Candidate Name BLAIR 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) ▼ |
| State: District: | Transaction ID : SB17.115641 <input type="checkbox"/> Memo Item | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) B. BOOCKS, MEGHAN, , , | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 |
| Mailing Address 511 PAYNE HILL ROAD APT 212 | | FEC Identification Number C |
| City JEFFERSON HILLS | State PA | Zip Code 15025 |
| Purpose of Disbursement SEE MEMO | Category/ Type 001 | Amount of Each Disbursement this Period 1224.22 |
| 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: | Transaction ID : SB17.115447 <input type="checkbox"/> Memo Item | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) C. BOOCKS, MEGHAN, , , | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 |
| Mailing Address 511 PAYNE HILL ROAD APT 212 | | FEC Identification Number C |
| City JEFFERSON HILLS | State PA | Zip Code 15025 |
| Purpose of Disbursement MILEAGE | Category/ Type 001 | Amount of Each Disbursement this Period 961.52 |
| 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: | Transaction ID : SB17.115448 <input checked="" type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2424.22 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 110 OF 134 | |
| | <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. SHEETZ INC | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 5700 SIXTH AVENUE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 33.25 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115449 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. WAL-MART | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 702 SW 8TH ST | | | FEC Identification Number C | |
| City BENTONVILLE | State AR | Zip Code 72716 | Amount of Each Disbursement this Period 46.81 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115452 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) C. PTC EZ PASS | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 7631 DERRY STREET | | | FEC Identification Number C | |
| City HARRISBURG | State PA | Zip Code 17111 | Amount of Each Disbursement this Period 67.20 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115455 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| 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 134 | | | |
| | <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. BULL, NANCY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | | |
| Mailing Address 322 RIDGE AVENUE | | | FEC Identification Number C | | |
| City WAYNESBORO | State PA | Zip Code 17268 | Amount of Each Disbursement this Period 120.00 | | |
| Purpose of Disbursement EVENT TICKETS-NO ITEMIZATION NECESSARY | | Category/ Type 001 | Transaction ID : SB17.115456 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. BULL, NANCY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address 322 RIDGE AVENUE | | | FEC Identification Number C | | |
| City WAYNESBORO | State PA | Zip Code 17268 | Amount of Each Disbursement this Period 425.56 | | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Transaction ID : SB17.115529 | | |
| 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: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. THE SMITH | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address 956 2ND AVE | | | FEC Identification Number C | | |
| City NEW YORK | State NY | Zip Code 10003 | Amount of Each Disbursement this Period 394.06 | | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115530 | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 545.56 |
| 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 112 OF 134 | |
| | <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. BULL, NANCY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2017 | |
| Mailing Address 322 RIDGE AVENUE | | | FEC Identification Number C | |
| City WAYNESBORO | State PA | Zip Code 17268 | Amount of Each Disbursement this Period 30.00 | |
| Purpose of Disbursement EVENT TICKETS-NO ITEMIZATION NECESSARY | | Category/ Type 001 | Transaction ID : SB17.115569 | |
| 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) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. CMDI | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2017 | |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | | FEC Identification Number C | |
| City TYSONS CORNER | State VA | Zip Code 22182 | Amount of Each Disbursement this Period 5.05 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.115555 | |
| 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) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. CMDI | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2017 | |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | | FEC Identification Number C | |
| City TYSONS CORNER | State VA | Zip Code 22182 | Amount of Each Disbursement this Period 10.30 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.115589 | |
| 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) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 45.35 |
| 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 113 OF 134 | | | |
| | <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. CMDI | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2017 | | |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | | FEC Identification Number C | | |
| City TYSONS CORNER | State VA | Zip Code 22182 | Amount of Each Disbursement this Period 15.60 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.115655 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. CMDI | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2017 | | |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | | FEC Identification Number C | | |
| City TYSONS CORNER | State VA | Zip Code 22182 | Amount of Each Disbursement this Period 148.70 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.115678 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. CMDI | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2017 | | |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | | FEC Identification Number C | | |
| City TYSONS CORNER | State VA | Zip Code 22182 | Amount of Each Disbursement this Period 5.30 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.115788 | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 169.60 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 114 OF 134 | | | |
| | <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. CMDI | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2017 | | |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | | FEC Identification Number C | | |
| City TYSONS CORNER | State VA | Zip Code 22182 | Amount of Each Disbursement this Period 10.30 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | Transaction ID : SB17.115834 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. CONGRESSIONAL CLUB | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2017 | | |
| Mailing Address 2001 NEW HAMPSHIRE AVE NW | | | FEC Identification Number C | | |
| City WASHINGTON | State DC | Zip Code 20009 | Amount of Each Disbursement this Period 2000.00 | | |
| Purpose of Disbursement MEMBERSHIP DUES | | Category/ Type 001 | Transaction ID : SB17.115585 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. CONTRES, CASEY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address 2213 7TH AVE APT. A | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 621.64 | | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Transaction ID : SB17.115515 | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2631.94 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 115 OF 134 | | | |
| | <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. HOLLAND BROTHERS MEAT | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address 16627 DUNNINGS HWY | | | FEC Identification Number C | | |
| City DUNCANSVILLE | State PA | Zip Code 16635 | Amount of Each Disbursement this Period 527.00 | | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | Transaction ID : SB17.115516 | | |
| 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: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. CONTRES, CASEY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address 2213 7TH AVE APT. A | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 94.64 | | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.115517 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. COPY RITE & BANNER ZONE | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address 301 ALLEGHENY STREET | | | FEC Identification Number C | | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 637.90 | | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : SB17.115519 | | |
| 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: | | | | | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 637.90 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 116 OF 134 | | | |
| | <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. COPY RITE & BANNER ZONE | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2017 | | |
| Mailing Address 301 ALLEGHENY STREET | | | FEC Identification Number C | | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 238.50 | | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : SB17.115557 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. ELECTEKUSA | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address PO BOX 23715 | | | FEC Identification Number C | | |
| City CHAGRIN FALLS | State OH | Zip Code 44023 | Amount of Each Disbursement this Period 2500.06 | | |
| Purpose of Disbursement SOFTWARE | | Category/ Type 001 | Transaction ID : SB17.115520 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. ELECTEKUSA | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2017 | | |
| Mailing Address PO BOX 23715 | | | FEC Identification Number C | | |
| City CHAGRIN FALLS | State OH | Zip Code 44023 | Amount of Each Disbursement this Period 800.00 | | |
| Purpose of Disbursement SOFTWARE | | Category/ Type 001 | Transaction ID : SB17.115558 | | |
| 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) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 3538.56 |
| 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 117 OF 134 | |
| | <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 03 / 08 / 2017 | |
| Mailing Address PO BOX 23715 | | | FEC Identification Number C | |
| City CHAGRIN FALLS | State OH | Zip Code 44023 | Amount of Each Disbursement this Period 800.00 | |
| Purpose of Disbursement SOFTWARE | | Category/ Type 001 | Transaction ID : SB17.115665 | |
| 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: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. FIRST COMMONWEALTH BANK | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | |
| Mailing Address CREDIT CARD DEPT PO BOX 0537 | | | FEC Identification Number C | |
| City INDIANA | State PA | Zip Code 15701 | Amount of Each Disbursement this Period 1710.48 | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Transaction ID : SB17.115521 | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. SHEETZ INC | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | |
| Mailing Address 5700 SIXTH AVENUE | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 19.98 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115523 | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2510.48 |
| 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 118 OF 134 | |
| | <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 01 / 25 / 2017 | |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 1592.25 | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : SB17.115524 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. FIRST COMMONWEALTH BANK | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2017 | |
| Mailing Address CREDIT CARD DEPT PO BOX 0537 | | | FEC Identification Number C | |
| City INDIANA | State PA | Zip Code 15701 | Amount of Each Disbursement this Period 944.76 | |
| Purpose of Disbursement SEE MEMO ENTRIES | | Category/ Type 001 | Transaction ID : SB17.115559 | |
| 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) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. USPS | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2017 | |
| Mailing Address 525 ALLEGHENY STREET | | | FEC Identification Number C | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Amount of Each Disbursement this Period 1020.00 | |
| Purpose of Disbursement POSTAGE | | Category/ Type 001 | Transaction ID : SB17.115560 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 944.76 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 119 OF 134 | |
| | <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 02 / 08 / 2017 |
| Mailing Address CREDIT CARD DEPT PO BOX 0537 | | FEC Identification Number C |
| City INDIANA | State PA | Zip Code 15701 |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/Type 001 |
| Candidate Name | | Amount of Each Disbursement this Period 32.07 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. FORD CREDIT | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 |
| Mailing Address BOX 220564 | | FEC Identification Number C |
| City PITTSBURGH | State PA | Zip Code 15257 |
| Purpose of Disbursement CAMPAIGN VEHICLE | | Category/Type 001 |
| Candidate Name | | Amount of Each Disbursement this Period 577.84 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. FORD CREDIT | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2017 |
| Mailing Address BOX 220564 | | FEC Identification Number C |
| City PITTSBURGH | State PA | Zip Code 15257 |
| Purpose of Disbursement CAMPAIGN VEHICLE | | Category/Type 001 |
| Candidate Name | | Amount of Each Disbursement this Period 621.18 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1199.02 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 120 OF 134 | |
| | <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 03 / 07 / 2017 |
| Mailing Address BOX 220564 | | FEC Identification Number C |
| City PITTSBURGH | State PA | Zip Code 15257 |
| Purpose of Disbursement CAMPAIGN VEHICLE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 270.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. FORD CREDIT | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2017 |
| Mailing Address BOX 220564 | | FEC Identification Number C |
| City PITTSBURGH | State PA | Zip Code 15257 |
| Purpose of Disbursement CAMPAIGN VEHICLE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 577.84 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. FRANKLIN CO REPUBLICAN COMMITTEE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2017 |
| Mailing Address SUITE 293 SOUTH GATE MALL | | FEC Identification Number C |
| City CHAMBERSBURG | State PA | Zip Code 17201 |
| Purpose of Disbursement MEMBERSHIP DUES | Category/ Type 001 | |
| Candidate Name FRANKLIN CO REPUBLICAN COMMITTEE | | Amount of Each Disbursement this Period 600.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1447.84 |
| 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 134 | | | |
| | <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. FRANKLIN FIRE COMPANY | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2017 | | |
| Mailing Address 158 WEST KING STREET | | | FEC Identification Number C | | |
| City CHAMBERSBURG | State PA | Zip Code 17201 | Amount of Each Disbursement this Period 330.00 | | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | Transaction ID : SB17.115566 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. HOWARD, MELISSA, , , | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2017 | | |
| Mailing Address 16315 CLEARLAKE AVE | | | FEC Identification Number C | | |
| City LAKEWOOD RANCH | State FL | Zip Code 34202 | Amount of Each Disbursement this Period 1070.00 | | |
| Purpose of Disbursement IN-KIND: EVENT CATERING | | Category/ Type | Transaction ID : SB17.115842 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. I360 | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2017 | | |
| Mailing Address PO BOX 37046 | | | FEC Identification Number C | | |
| City BALTIMORE | State MD | Zip Code 21297 | Amount of Each Disbursement this Period 50.00 | | |
| Purpose of Disbursement SOFTWARE | | Category/ Type 001 | Transaction ID : SB17.115567 | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1450.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 122 OF 134 | | | |
| | <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. I360 | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2017 |
| Mailing Address PO BOX 37046 | | FEC Identification Number C |
| City BALTIMORE | State MD | Zip Code 21297 |
| Purpose of Disbursement SOFTWARE | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 50.00 |
| Office Sought: <input type="checkbox"/> House <input 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 : SB17.115669 <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. LUCIANO'S AUTO BODY INC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2017 |
| Mailing Address 1600 PLEASANT VALLEY BLVD | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16002 |
| Purpose of Disbursement CAMPAIGN CAR REPAIRS | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: <input type="checkbox"/> House <input 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 : SB17.115550 <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. MAVERICK FINANCE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 |
| Mailing Address 403 N SECOND STREET 2ND FL | | FEC Identification Number C |
| City HARRISBURG | State PA | Zip Code 17101 |
| Purpose of Disbursement FUNDRAISING CONSULTING | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 4000.00 |
| Office Sought: <input type="checkbox"/> House <input 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 : SB17.115528 <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 5050.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 123 OF 134 | | | |
| | <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 02 / 21 / 2017 |
| Mailing Address 403 N SECOND STREET 2ND FL | | FEC Identification Number C |
| City HARRISBURG | State PA | Zip Code 17101 |
| Purpose of Disbursement FUNDRAISING CONSULTING | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 4000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. MAVERICK FINANCE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2017 |
| Mailing Address 403 N SECOND STREET 2ND FL | | FEC Identification Number C |
| City HARRISBURG | State PA | Zip Code 17101 |
| Purpose of Disbursement FUNDRAISING CONSULTING | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 4843.84 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. MENZLER, TYLER, , , | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2017 |
| Mailing Address 701 THOMPSON AVE | | FEC Identification Number C |
| City DONORA | State PA | Zip Code 15033 |
| Purpose of Disbursement SEE MEMO | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 813.97 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 9657.81 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 124 OF 134 | | | |
| | <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 03 / 07 / 2017 | | |
| Mailing Address PO BOX 9001309 | | | FEC Identification Number C | | |
| City LOUISVILLE | State KY | Zip Code 40290 | Amount of Each Disbursement this Period 161.96 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.115662 | | |
| 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: | | | | | |

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|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. MENZLER, TYLER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2017 | | |
| Mailing Address 701 THOMPSON AVE | | | FEC Identification Number C | | |
| City DONORA | State PA | Zip Code 15033 | Amount of Each Disbursement this Period 652.01 | | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.115663 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. NRA FOUNDATION | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2017 | | |
| Mailing Address 298 MORGANTOWN ST. | | | FEC Identification Number C | | |
| City UNIONTOWN | State PA | Zip Code 15401 | Amount of Each Disbursement this Period 500.00 | | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type 001 | Transaction ID : SB17.115571 | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 500.00 |
| 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 134 | | | |
| | <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. NRA FOUNDATION | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2017 | | |
| Mailing Address 298 MORGANTOWN ST. | | | | | |
| City UNIONTOWN | State PA | Zip Code 15401 | FEC Identification Number C | | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Amount of Each Disbursement this Period 400.00 | | |
| Candidate Name | | Transaction ID : SB17.115671 | | | |
| Office Sought: <input type="checkbox"/> 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 | | |
| State: | District: | | | | |

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|--|--|------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. OSBAUGH, ROGER, , , | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205 | | | | | |
| City WAYNESBORO | State PA | Zip Code 17268 | FEC Identification Number C | | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Amount of Each Disbursement this Period 109.96 | | |
| Candidate Name | | Transaction ID : SB17.115535 | | | |
| Office Sought: <input type="checkbox"/> 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 | | |
| State: | District: | | | | |

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|--|--|------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. DOLLAR GENERAL | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 | | |
| Mailing Address 904 BLAIR ST | | | | | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | FEC Identification Number C | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Amount of Each Disbursement this Period 109.96 | | |
| Candidate Name | | Transaction ID : SB17.115536 | | | |
| Office Sought: <input type="checkbox"/> 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 | | |
| State: | District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 509.96 |
| TOTAL This Period (last page this line number only).....▶ | 509.96 |

**SCHEDULE 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 134 | | | |
| | <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. PRECIOUS LIFE INC | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2017 | | |
| Mailing Address 1716 12TH AVENUE | | | FEC Identification Number C | | |
| City ALTOONA | State PA | Zip Code 16601 | Amount of Each Disbursement this Period 500.00 | | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Transaction ID : SB17.115572 | | |
| 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) ▼ | | | | |
| State: _____ | District: _____ | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. PROFESSIONAL DATA SERVICES | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2017 | | |
| Mailing Address 824 S MILLEDGE AVE STE 101 | | | FEC Identification Number C | | |
| City ATHENS | State GA | Zip Code 30605 | Amount of Each Disbursement this Period 1761.59 | | |
| Purpose of Disbursement COMPLIANCE CONSULTING | | Category/ Type 001 | Transaction ID : SB17.115573 | | |
| 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) ▼ | | | | |
| State: _____ | District: _____ | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2017 | | |
| Mailing Address 824 S MILLEDGE AVE STE 101 | | | FEC Identification Number C | | |
| City ATHENS | State GA | Zip Code 30605 | Amount of Each Disbursement this Period 2074.95 | | |
| Purpose of Disbursement COMPLIANCE CONSULTING | | Category/ Type 001 | Transaction ID : SB17.115672 | | |
| 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) ▼ | | | | |
| State: _____ | District: _____ | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 4336.54 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 127 OF 134 | |
| | <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. PSYHOGIOS-SMITH, BRITTANY, , , | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 |
| Mailing Address 700 S. COURTHOUSE RD. #404 | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22204 |
| Purpose of Disbursement EVENT SUPPLIES-NO ITEMIZATION NECESSARY | | 001 |
| Candidate Name | | Amount of Each Disbursement this Period 73.71 |
| Office Sought: <input type="checkbox"/> 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 : SB17.115642 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. RED MAVERICK MEDIA LLC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2017 |
| Mailing Address 401 N. SECOND STREET | | FEC Identification Number C |
| City HARRISBURG | State PA | Zip Code 17101 |
| Purpose of Disbursement WEB HOSTING | | 001 |
| Candidate Name | | Amount of Each Disbursement this Period 300.00 |
| Office Sought: <input type="checkbox"/> 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 : SB17.115534 |
| State: District: | | <input type="checkbox"/> Memo Item |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. S&T BANK | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2017 |
| Mailing Address 1100 LOGAN BLVD | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement BANK FEES | | 001 |
| Candidate Name | | Amount of Each Disbursement this Period 80.00 |
| Office Sought: <input type="checkbox"/> 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 : SB17.115547 |
| State: District: | | <input type="checkbox"/> Memo Item |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 453.71 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 128 OF 134 | |
| | <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 03 / 01 / 2017 |
| Mailing Address 1100 LOGAN BLVD | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement BANK FEES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 80.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. S&T BANK | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2017 |
| Mailing Address 1100 LOGAN BLVD | | FEC Identification Number C |
| City ALTOONA | State PA | Zip Code 16602 |
| Purpose of Disbursement BANK FEES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 10.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. SCR & ASSOCIATES | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2017 |
| Mailing Address 100 TRADE CENTER STE G-700 | | FEC Identification Number C |
| City WOBURN | State MA | Zip Code 01801 |
| Purpose of Disbursement FUNDRAISING CONSULTING | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 2500.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2590.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 129 OF 134 | |
| | <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. STRAESSER, WILLIAM, , MR., | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2017 | |
| Mailing Address PO BOX 1023 | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16603 | Amount of Each Disbursement this Period 358.40 | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.115712 | |
| 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: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. SUNGALA, REBEKAH, , , | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 545 OLD NATIONAL PIKE | | | FEC Identification Number C | |
| City BROWNSVILLE | State PA | Zip Code 15417 | Amount of Each Disbursement this Period 3189.45 | |
| Purpose of Disbursement SEE MEMO | | Category/ Type 001 | Transaction ID : SB17.115459 | |
| 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: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. SUNGALA, REBEKAH, , , | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 545 OLD NATIONAL PIKE | | | FEC Identification Number C | |
| City BROWNSVILLE | State PA | Zip Code 15417 | Amount of Each Disbursement this Period 277.00 | |
| Purpose of Disbursement MILEAGE | | Category/ Type 001 | Transaction ID : SB17.115460 | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 3547.85 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 130 OF 134 | |
| | <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 M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 400 N CAPITOL STREET NW | | | FEC Identification Number C | |
| City WASHINGTON | State DC | Zip Code 20001 | Amount of Each Disbursement this Period 324.00 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115461 | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. STAPLES | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | | FEC Identification Number C | |
| City ALTOONA | State PA | Zip Code 16602 | Amount of Each Disbursement this Period 9.79 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : SB17.115462 | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 800 MARKET STREET 7TH FLOOR | | | FEC Identification Number C | |
| City SAN FRANCISCO | State CA | Zip Code 94115 | Amount of Each Disbursement this Period 76.52 | |
| Purpose of Disbursement TRAVEL EXPENSE | | Category/ Type 001 | Transaction ID : SB17.115463 | |
| 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: | | | | |

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| 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 131 OF 134 | |
| | <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. DOUBLETREE HOTEL | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 11915 EL CAMINO REAL | | | FEC Identification Number C | |
| City SAN DIEGO | State CA | Zip Code 92130 | Amount of Each Disbursement this Period 1481.60 | |
| Purpose of Disbursement LODGING | | Category/ Type 001 | Transaction ID : SB17.115464 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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| Full Name (Last, First, Middle Initial) B. MARTIN'S | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2017 | |
| Mailing Address 800 VANDERBILT ROAD | | | FEC Identification Number C | |
| City CONNELLSVILLE | State PA | Zip Code 15425 | Amount of Each Disbursement this Period 1000.50 | |
| Purpose of Disbursement STAFF/VOLUNTEER GIFT CARDS | | Category/ Type 001 | Transaction ID : SB17.115466 | |
| Candidate Name | | Memo Item <input checked="" 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) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. THE CONGRESSIONAL INSTITUTE | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2017 | |
| Mailing Address 316 PENNSYLVANIA AVENUE SE SUITE 403 | | | FEC Identification Number C | |
| City WASHINGTON | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 978.00 | |
| Purpose of Disbursement CONFERENCE FEES | | Category/ Type 001 | Transaction ID : SB17.115475 | |
| 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) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 978.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 132 OF 134 | | | |
| | <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 MM / DD / YYYY 02 / 08 / 2017 | | |
| Mailing Address PO BOX 15026 | | | FEC Identification Number C | | |
| City ALBANY | State NY | Zip Code 12212 | Amount of Each Disbursement this Period 691.06 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.115575 | | |
| 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: | | | | | |

| | | | | | |
|---|--|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. VERIZON | | | Date of Disbursement MM / DD / YYYY 02 / 08 / 2017 | | |
| Mailing Address PO BOX 15026 | | | FEC Identification Number C | | |
| City ALBANY | State NY | Zip Code 12212 | Amount of Each Disbursement this Period 75.40 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.115576 | | |
| 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: | | | | | |

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|---|--|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) C. VERIZON | | | Date of Disbursement MM / DD / YYYY 02 / 08 / 2017 | | |
| Mailing Address PO BOX 15026 | | | FEC Identification Number C | | |
| City ALBANY | State NY | Zip Code 12212 | Amount of Each Disbursement this Period 142.41 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.115577 | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 908.87 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 133 OF 134 | | | |
| | <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 03 / 08 / 2017 | | |
| Mailing Address PO BOX 15026 | | | FEC Identification Number C | | |
| City ALBANY | State NY | Zip Code 12212 | Amount of Each Disbursement this Period 706.07 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.115674 | | |
| 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: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. VERIZON | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2017 | | |
| Mailing Address PO BOX 15026 | | | FEC Identification Number C | | |
| City ALBANY | State NY | Zip Code 12212 | Amount of Each Disbursement this Period 72.79 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.115676 | | |
| 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: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. VERIZON | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2017 | | |
| Mailing Address PO BOX 15026 | | | FEC Identification Number C | | |
| City ALBANY | State NY | Zip Code 12212 | Amount of Each Disbursement this Period 142.41 | | |
| Purpose of Disbursement TELEPHONE | | Category/ Type 001 | Transaction ID : SB17.115713 | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 921.27 |
| 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 134 OF 134 | |
| | <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. YMCA OF INDIANA COUNTY | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2017 | |
| Mailing Address 60 N BEN FRANKLIN RD | | | FEC Identification Number C | |
| City INDIANA | State PA | Zip Code 15701 | Amount of Each Disbursement this Period 100.00 | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type 001 | Transaction ID : SB17.115675 | |
| 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: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. | | | Date of Disbursement M M / D D / Y Y Y Y | |
| Mailing Address | | | FEC Identification Number C | |
| City | State | Zip Code | Amount of Each Disbursement this Period | |
| Purpose of Disbursement | | Category/ Type | <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) ▼ | | | |
| State: District: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement M M / D D / Y Y Y Y | |
| Mailing Address | | | FEC Identification Number C | |
| City | State | Zip Code | Amount of Each Disbursement this Period | |
| Purpose of Disbursement | | Category/ Type | <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) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 100.00 |
| TOTAL This Period (last page this line number only).....▶ | 148824.86 |