

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 27
 Check if different than previously reported. (ACC)
Hollidaysburg PA 16648

2. **FEC IDENTIFICATION NUMBER** C00364935
CITY STATE ZIP CODE STATE DISTRICT
PA 9
3. **IS THIS REPORT** NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 05 16 2006 in the State of PA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 04 01 2006 through 04 26 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Frederick A Ciocca
Signature of Treasurer Electronically Filed by Frederick A Ciocca Date 04 27 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
2	6

Y	Y	Y	Y
2	0	0	6

	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)).....	1500.00	566871.12
(b) Total Contribution Refunds (from Line 20(d)).....	.00	900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1500.00	565971.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	20056.28	463428.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	4812.30
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20056.28	458615.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	102624.53	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	7620.51	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
 Bill Shuster for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
2	6

Y	Y	Y	Y
2	0	0	6

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).....

1500.00

259450.00

(ii) Unitemized.....

.00

10115.00

(iii) TOTAL of contributions

1500.00

269565.00

from individuals..... ▶

.00

.00

(b) Political Party Committees.....

.00

297306.12

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

.00

.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

1500.00

566871.12

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

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

.00

.00

13. LOANS

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

.00

.00

(b) All Other Loans.....

.00

440000.00

(c) TOTAL LOANS

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

.00

440000.00

14. OFFSETS TO OPERATING EXPENDITURES

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

.00

4812.30

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

.00

.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

1500.00

1011683.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20056.28	463428.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	2000.00
(b) Of all Other Loans.....	.00	450000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	452000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	.00	900.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	900.00
21. OTHER DISBURSEMENTS.....	9362.03	54818.71
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	29418.31	971146.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	130542.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	1500.00
25. SUBTOTAL (add Line 23 and Line 24).....	132042.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29418.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	102624.53

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Christopher E Bossi

Mailing Address 405 Granada Way

City Altoona State PA Zip Code 16601

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2006

Transaction ID: SA11Ai-CN4946

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
JED Associates

Mailing Address 4961 Cumberland Hwy

City Chambersburg State PA Zip Code 17201

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2006

Transaction ID: SA11Ai-CN4941

Amount of Each Receipt this Period
1000.00

Divided between the 3 partners
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Edwin D Martin

Mailing Address 4961 Cumberland Hwy

City Chambersburg State PA Zip Code 17201

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

Name of Employer Occupation
JED Associates Excavator/Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
333.34

Date of Receipt
MM / DD / YYYY
04 / 10 / 2006

Transaction ID: SA11Ai-CN4942

Amount of Each Receipt this Period
333.34

Partnership contribution- JED Associates
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
\$333.34 MEMO Partnership Attributed

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Jeryl L Martin

Mailing Address 4961 Cumberland Hwy

City State Zip Code
Chambersburg PA 17201

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

Name of Employer
JED Associates

Occupation
Excavator/Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
333.33

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 6

Transaction ID: SA11Ai-CN4943

Amount of Each Receipt this Period
333.33

Partnership contribution-
JED Associates
 Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
\$333.33 MEMO Partnership
Attributed

B. Full Name (Last, First, Middle Initial)
David Henry Martin

Mailing Address 4961 Cumberland Hwy

City State Zip Code
Chambersburg PA 17201

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

Name of Employer
JED Associates

Occupation
Excavator/Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
333.33

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 6

Transaction ID: SA11Ai-CN4944

Amount of Each Receipt this Period
333.33

Partnership contribution-
JED Associates
 Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
\$333.33 MEMO Partnership
Attributed

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	1500.00

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 7 / 26

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

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. US Postal Service		Transaction ID: SB17-EX4092 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 525 Allegheny Street		Amount of Each Disbursement this Period 160.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) B. US Postal Service		Transaction ID: SB17-EX4124 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 525 Allegheny Street		Amount of Each Disbursement this Period 78.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) C. Copy Rite		Transaction ID: SB17-EX4127 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 301 Allegheny Street		Amount of Each Disbursement this Period 4.88
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Office Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶	242.88
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)

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

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. State Farm Insurance		Transaction ID: SB17-EX4107 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 715 Lexington Avenue		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16601	Purpose of Disbursement Insurance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses
Full Name (Last, First, Middle Initial) B. Sheetz Inc		Transaction ID: SB17-EX4117 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 29.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Vehicle Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses
Full Name (Last, First, Middle Initial) C. Sheetz Inc		Transaction ID: SB17-EX4122 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Vehicle Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶	359.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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. Staples-291 Altoona		Transaction ID: SB17-EX4129 Date of Disbursement 04 / 21 / 2006
Mailing Address Plank Road/Orchard Plaza		Amount of Each Disbursement this Period 31.77
City Altoona State PA Zip Code 16602	Purpose of Disbursement Office Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: SB17-EX4113 Date of Disbursement 04 / 21 / 2006
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 75.87
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. The Capital Grille		Transaction ID: SB17-EX4131 Date of Disbursement 04 / 21 / 2006
Mailing Address 601 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 493.22
City Washington State DC Zip Code 20004	Purpose of Disbursement Fundraising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Solicitation and Fundraising Expenses
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	600.86
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 10 / 26

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

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. IS2 Technologies, Inc.		Transaction ID: SB17-EX4138 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 3018 Pleasant Valley Blvd		Amount of Each Disbursement this Period 71.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Office Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) B. Schoenbergers Restaurant		Transaction ID: SB17-EX4125 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 346 Lincoln Way East		Amount of Each Disbursement this Period 536.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chambersburg State PA Zip Code 17201	Purpose of Disbursement Meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses

Full Name (Last, First, Middle Initial) C. US Hotel Restaurant		Transaction ID: SB17-EX4134 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 401 South Juniata Street		Amount of Each Disbursement this Period 72.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses

SUBTOTAL of Disbursements This Page (optional) ▶	679.76
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)

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

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. Advantage Inc		Transaction ID: SB17-EX4141 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 1611 N Kent Street Suite 905		Amount of Each Disbursement this Period 331.52
City Arlington State VA Zip Code 22209	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media Candidate Name	Category/Type 004	Advertising Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bull Feathers		Transaction ID: SB17-EX4133 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 410 First Street SE		Amount of Each Disbursement this Period 108.04
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meals Candidate Name	Category/Type 002	Travel Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB17-EX4136 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address PO Box 360002		Amount of Each Disbursement this Period 10.00
City Fort Lauderdale State FL Zip Code 33335	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Service Charge Candidate Name	Category/Type 001	Administrative/Salary/Ove- rhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	449.56
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 12 / 26

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

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. US Members Dining Room		Transaction ID: SB17-EX4114 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address H-117, The Capitol HOB Rayburn Bldg		Amount of Each Disbursement this Period 55.00
City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meals Candidate Name	Category/Type 002	Travel Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Benjamin Hotel		Transaction ID: SB17-EX4118 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 125 East 50th Street		Amount of Each Disbursement this Period 1077.76
City New York State NY Zip Code 10022	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging Candidate Name	Category/Type 002	Travel Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Covington & Burling		Transaction ID: SB17-EX4144 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 1201 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 7500.00
City Washington State DC Zip Code 20004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Legal Consultant Candidate Name	Category/Type 001	Administrative/Salary/Ove- rhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	8632.76
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)

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

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. ATLANTIC broadband		Transaction ID: SB17-EX4108
Mailing Address 2200 Beale Avenue		Date of Disbursement 04 / 11 / 2006
City Altoona	State PA	Zip Code 16601
Purpose of Disbursement Utilities	Amount of Each Disbursement this Period 54.02	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Administrative/Salary/Overhead Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. ATLANTIC broadband		Transaction ID: SB17-EX4109
Mailing Address 2200 Beale Avenue		Date of Disbursement 04 / 11 / 2006
City Altoona	State PA	Zip Code 16601
Purpose of Disbursement Utilities	Amount of Each Disbursement this Period 103.95	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Administrative/Salary/Overhead Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. CenPenn Realty LLC		Transaction ID: SB17-EX4142
Mailing Address 513 Allegheny Street		Date of Disbursement 04 / 25 / 2006
City Hollidaysburg	State PA	Zip Code 16648
Purpose of Disbursement Rent	Amount of Each Disbursement this Period 500.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Administrative/Salary/Overhead Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional)	657.97
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 14 / 26

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

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. Jim Frank		Transaction ID: SB17-EX4146 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 1628 St. Francis Lane		Amount of Each Disbursement this Period 92.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Vehicle Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) B. Jim Frank		Transaction ID: SB17-EX4147 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 1628 St. Francis Lane		Amount of Each Disbursement this Period 149.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses

Full Name (Last, First, Middle Initial) C. S&T Bank		Transaction ID: SB17-EX4095 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 208 West Plank Road		Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Bank Service Charge Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Service Charge

SUBTOTAL of Disbursements This Page (optional) ▶	256.68
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 15 / 26

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

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. S&T Bank		Transaction ID: SB17-EX4156 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 208 West Plank Road		Amount of Each Disbursement this Period 12.48
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses	
Purpose of Disbursement Payroll Taxes		001 Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB17-EX4128 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 63.59
City Carol Stream State IL Zip Code 60197	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses	
Purpose of Disbursement Telephone		001 Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB17-EX4145 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 220.28
City Carol Stream State IL Zip Code 60197	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses	
Purpose of Disbursement Telephone		001 Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	296.35
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 16 / 26

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

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. Jeffrey Loveng		Transaction ID: SB17-EX4103 Date of Disbursement 04 / 11 / 2006
Mailing Address 228 W. Windsor Avenue		Amount of Each Disbursement this Period 229.00
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Taxi/Car/Bus Expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses

Full Name (Last, First, Middle Initial) B. Jeffrey Loveng		Transaction ID: SB17-EX4104 Date of Disbursement 04 / 11 / 2006
Mailing Address 228 W. Windsor Avenue		Amount of Each Disbursement this Period 146.39
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Meals	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses

Full Name (Last, First, Middle Initial) C. Jeffrey Loveng		Transaction ID: SB17-EX4105 Date of Disbursement 04 / 11 / 2006
Mailing Address 228 W. Windsor Avenue		Amount of Each Disbursement this Period 367.09
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Airplane	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses

SUBTOTAL of Disbursements This Page (optional)	742.48
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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) e2c consulting, Inc.		Transaction ID: SB17-EX4143 Date of Disbursement 04 / 25 / 2006
Mailing Address PO Box 29576		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20017	Purpose of Disbursement Campaign Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Solitication and Fundrais-ing Expenses

B. Full Name (Last, First, Middle Initial) Sonoma Restaurant and Wine Bar		Transaction ID: SB17-EX4132 Date of Disbursement 04 / 21 / 2006
Mailing Address 223 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1496.25
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses

C. Full Name (Last, First, Middle Initial) Sunny's Executive Sedan Services		Transaction ID: SB17-EX4112 Date of Disbursement 04 / 21 / 2006
Mailing Address 4312 36th Street		Amount of Each Disbursement this Period 290.70
City Long Island City State NY Zip Code 11101	Purpose of Disbursement Taxi/Car/Bus Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses

SUBTOTAL of Disbursements This Page (optional) ▶	5786.95
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 18 / 26

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

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)
II Cortile Restaurant

Mailing Address 125 Mulberry Street

City New York State NY Zip Code 10013

Purpose of Disbursement Meals
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17-EX4115

Date of Disbursement

^M 0	^M 4	/	^D 2	^D 1	/	^Y 2	^Y 0	^Y 0	^Y 6
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Amount of Each Disbursement this Period

205.00

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

Travel Expenses

SUBTOTAL of Disbursements This Page (optional)

205.00

TOTAL This Period (last page this line number only)

18910.25

SCHEDULE 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 19 / 26

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Juniata Co Republican Comm.</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 4 Industrial Park Road</p>		<p>Transaction ID: SB21-EX4106 Date of Disbursement 04 / 11 / 2006</p>
<p>City Mifflintown State PA Zip Code 17059</p>	<p>Purpose of Disbursement Promotional Tickets</p>	<p>Amount of Each Disbursement this Period 120.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Donations</p>
<p>Candidate Name</p>		<p>Category/Type 012</p>

<p>B. Blair Co Republican Committee</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 513 Allegheny Street</p>		<p>Transaction ID: SB21-EX4096 Date of Disbursement 04 / 11 / 2006</p>
<p>City Hollidaysburg State PA Zip Code 16648</p>	<p>Purpose of Disbursement Promotional Tickets</p>	<p>Amount of Each Disbursement this Period 400.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Donations</p>
<p>Candidate Name</p>		<p>Category/Type 012</p>

<p>C. Bedford Co. Republican Comm</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 675 Smith Road</p>		<p>Transaction ID: SB21-EX4097 Date of Disbursement 04 / 11 / 2006</p>
<p>City Schellsburg State PA Zip Code 15559</p>	<p>Purpose of Disbursement Promotional Tickets</p>	<p>Amount of Each Disbursement this Period 250.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Donations</p>
<p>Candidate Name</p>		<p>Category/Type 012</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>770.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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. Mifflin Co Republican Committee Full Name (Last, First, Middle Initial) Mifflin Co Republican Committee Mailing Address PO Box 961 City Lewistown State PA Zip Code 17044 Purpose of Disbursement Promotional Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21-EX4098 Date of Disbursement 04 / 11 / 2006 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Donations
--	--	---

B. Somerset Co Republican Comm Full Name (Last, First, Middle Initial) Somerset Co Republican Comm Mailing Address PO Box 401 City Somerset State PA Zip Code 15501 Purpose of Disbursement Promotional Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21-EX4099 Date of Disbursement 04 / 11 / 2006 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Donations
---	--	---

C. Friends Of Senator Jubelirer Full Name (Last, First, Middle Initial) Friends Of Senator Jubelirer Mailing Address PO Box 2051 City Altoona State PA Zip Code 16603 Purpose of Disbursement Political Contributions Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21-EX4148 Date of Disbursement 04 / 25 / 2006 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Political Contributions
---	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	1300.00
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 21 / 26

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

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. Daily American		Transaction ID: SB21-EX4101 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 334 W Main Street PO Box 638		Amount of Each Disbursement this Period 2000.00
City Somerset State PA Zip Code 15501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donations Candidate Name		012 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) B. Penn's Woods Council #508		Transaction ID: SB21-EX4140 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address PO Box 352		Amount of Each Disbursement this Period 90.00
City Tire Hill State PA Zip Code 15959	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Promotional Tickets Candidate Name		012 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) C. Bistro Bis (Hotel George)		Transaction ID: SB21-EX4135 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 15 E Street Northwest		Amount of Each Disbursement this Period 1627.03
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political Contributions Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Political Contributions

SUBTOTAL of Disbursements This Page (optional) ▶	3717.03
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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. The Second Mile		Transaction ID: SB21-EX4093 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 1402 S. Atherton Street		Amount of Each Disbursement this Period 275.00
City State College State PA Zip Code 16801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donations Candidate Name	012 Category/Type	Donations
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Daily American Challenge		Transaction ID: SB21-EX4102 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address PO Box 638		Amount of Each Disbursement this Period 200.00
City Somerset State PA Zip Code 15501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donations Candidate Name	012 Category/Type	Donations
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fulton County Republican Committee		Transaction ID: SB21-EX4100 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address PO Box 432		Amount of Each Disbursement this Period 100.00
City Hustontown State PA Zip Code 17229	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Promotional Tickets Candidate Name	012 Category/Type	Donations
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	575.00
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 23 / 26

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

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. Patricia Raugh for State Committee		Transaction ID: SB21-EX4150 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 715 Lexington Avenue		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16601	Purpose of Disbursement Political Contributions Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Political Contributions

Full Name (Last, First, Middle Initial) B. Judy Ward for State Committee		Transaction ID: SB21-EX4149 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address Allegheny Lutheran Social Ministr 915 Hickory Street		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Political Contributions Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Political Contributions

Full Name (Last, First, Middle Initial) C. Bruce Erb for State Committee		Transaction ID: SB21-EX4151 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 109 Allegheny Court		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Political Contributions Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Political Contributions

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 26

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

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. Wayne Hippo for State Committee

Mailing Address 109 Allegheny Court

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Political Contributions

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX4152

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Political Contributions

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

9362.03

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Covington & Burling	Nature of Debt (Purpose): Invoice: Invoice 60339388 Administrative
Mailing Address 1201 Pennsylvania Avenue, NW	
City State ZIP Code Washington DC 20004	

Outstanding Balance Beginning This Period 15000.00	Transaction ID: SD10-INV3289	
Amount Incurred This Period .00	Payment This Period 7500.00	Outstanding Balance at Close of This Period 7500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor McIntyre's Candies	Nature of Debt (Purpose): Invoice: Gift Basket Administrative/Sala
Mailing Address 1419 Eleventh Avenue	
City State ZIP Code Altoona PA 16601	

Outstanding Balance Beginning This Period .00	Transaction ID: SD10-INV4015	
Amount Incurred This Period 40.00	Payment This Period .00	Outstanding Balance at Close of This Period 40.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Wireless	Nature of Debt (Purpose): Invoice: 519688059-00001 Administrative/
Mailing Address PO Box 17464	
City State ZIP Code Baltimore MD 21297	

Outstanding Balance Beginning This Period .00	Transaction ID: SD10-INV4013	
Amount Incurred This Period 80.51	Payment This Period .00	Outstanding Balance at Close of This Period 80.51

1) SUBTOTALS This Period This Page (optional).....	7620.51
2) TOTALS This Period (last page this line number only).....	7620.51
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Image# 26960083136

Form/Schedule: **F3N**

Transaction ID:

The accompanying Report of Receipts and Disbursements from April 1, 2006 through April 26, 2006 for the Bill Shuster for Congress Committee included in the prescribed form have been prepared by Frederick A. Ciocca, CPA. I have prepared such financial statements in my capacity as treasurer of the Bill Shuster for Congress Committee.
