

**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)

207 Allegheny Street

Check if different than previously reported. (ACC)

PO Box 27

Hollidaysburg

PA

16848

2. **FEC IDENTIFICATION NUMBER**

C00364935

CITY

STATE

ZIP CODE

STATE DISTRICT

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

PA 09

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

(a) Quarterly Reports:

April 15 Quaterly Report (Q1)

July 15 Quaterly Report (Q2)

October 15 Quaterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

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

Primary (12P)

Convention (12C)

Election on

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

General (30G)

Election on

General (12G)

Special (12S)

Runoff (30R)

Runoff (12R)

in the State of

in the State of

5. Covering Period 06 05 2001 through 06 30 2001

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 07 24 2001

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

Office  
Use  
Only

**FEC FORM 3**  
(Revised 1/2001)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 1/2001)

Page 2

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period: From: <sup>M M</sup> 0 6 <sup>D J</sup> 0 5 <sup>Y Y Y Y</sup> 2 0 0 1 To: <sup>V V</sup> 0 6 <sup>U J</sup> 3 0 <sup>Y Y Y Y</sup> 2 0 0 1

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(a)).....	17650.00	510128.41
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1225.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17650.00	508903.41
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	15154.76	509143.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	925.45	1752.88
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	14229.31	507390.16
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>21067.25</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>46916.56</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period: From: M M D J Y ' ' ' ' 0 6 0 6 2 0 0 1

To: V V U J Y ' ' ' ' 0 6 3 0 2 0 0 1

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).....	2750.00	
(ii) Unitemized.....	1000.00	
(iii) TOTAL of contributions	3750.00	297290.00
from individuals..... ▶		
	0.00	4000.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACS).....	13900.00	208838.41
	0.00	0.00
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	17650.00	510128.41
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	20155.00
	0.00	0.00
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	20155.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	925.45	1752.88
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)..... ▶	18575.45	532036.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 1/2001)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15154.76	509143.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) 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	1125.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1225.00
21. OTHER DISBURSEMENTS.....	601.00	601.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) [ > ]	15755.76	510969.04
<b>III. CASH SUMMARY</b>		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....		18247.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....		18575.45
25. SUBTOTAL (add Line 23 and Line 24).....		36823.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....		15755.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....		21067.25

**SCHEDULE A  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 57	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
Dr. Joseph Brown, Jr.

Mailing Address  
14 S Wayne Street

City State Zip Code  
Lewistown PA 17044

Date of Receipt  
M / D / Y  
06 / 15 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self employed Occupation Physician Contribution

Receipt For: 2002 Election Cycle-to-Date  
 Primary General  
 Other (specify) Primary Election 500.00

Transaction ID: SA11ai-CN1152

**B.** Full Name (Last, First, Middle Initial)  
Kenneth W Butler

Mailing Address  
11810 Lyrac Court

City State Zip Code  
Oakton VA 22124

Date of Receipt  
M / D / Y  
06 / 26 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Capital Partnerships(VA) Inc. Occupation Transportation Consultant Contribution

Receipt For: 2002 Election Cycle-to-Date  
 Primary General  
 Other (specify) Primary Election 1250.00

Transaction ID: SA11ai-CN1180

**C.** Full Name (Last, First, Middle Initial)  
Anna L8 Harts

Mailing Address  
10952 Buchanan Trail East

City State Zip Code  
Waynesboro PA 17268

Date of Receipt  
M / D / Y  
06 / 06 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer none Occupation Retired School Teacher Contribution

Receipt For: 2001 Election Cycle-to-Date  
 Primary General  
 Other (specify) Special Election 1000.00

Transaction ID: SA11ai-CN1149

**SUBTOTAL** of Receipts This Page (optional) ..... **1750.00**

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

**SCHEDULE A  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 6 / 57
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

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

Mailing Address  
1709 Olmsted Way E  
City State Zip Code  
Camp Hill PA 17011

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Receipt For: 2002 Election Cycle-to-Date ▼  
 Primary General 250.00  
Other (specify) ▼  
Primary Election  
Transaction ID: SA11ai-CN1188

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

Mailing Address  
1331 Cassia Street  
City State Zip Code  
Hemdon VA 20170

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Union Pacific Corporation  
Lobbyist-Asst VP  
Receipt For: 2002 Election Cycle-to-Date ▼  
 Primary General 1500.00  
Other (specify) ▼  
Primary Election  
Transaction ID: SA11ai-CN1179

Full Name (Last, First, Middle Initial)  
**C. Robert S. Walker**

Mailing Address  
6065 Parkridge Drive  
City State Zip Code  
East Petersburg PA 17520

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
The Weater Group  
Chairman and CEO  
Receipt For: 2002 Election Cycle-to-Date ▼  
 Primary General 250.00  
Other (specify) ▼  
Primary Election  
Transaction ID: SA11ai-CN1181

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>2750.00</b>

**SCHEDULE A  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A. PPL People For Good Govt Committee**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Two North Ninth Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Allentown PA 18101

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 1

FEC ID number of contributing federal political committee. \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

1500.00

Contribution \_\_\_\_\_

Transaction ID: SA11c-CN1183

Receipt For: 2002 Election Cycle-to-Date ▼  
 Primary General  
 Other (specify) ▼  
 Primary Election

**B. Re-Elect James Patterson Committee**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 2719 17th Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Altoona PA 16601

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 0 6 / 2 7 / 2 0 0 1

FEC ID number of contributing federal political committee. \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

100.00

Contribution \_\_\_\_\_

Transaction ID: SA11c-CN1187

Receipt For: 2002 Election Cycle-to-Date ▼  
 Primary General  
 Other (specify) ▼  
 Primary Election

**C. American Moving Storage Assoc Pac**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 1611 Duke Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Alexandria VA 22314

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 1

FEC ID number of contributing federal political committee. \_\_\_\_\_  
 COD265257

Amount of Each Receipt this Period \_\_\_\_\_

500.00

Contribution \_\_\_\_\_

Transaction ID: SA11c-CN1182

Receipt For: 2002 Election Cycle-to-Date ▼  
 Primary General  
 Other (specify) ▼  
 Primary Election

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

**SCHEDULE A  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 57	
	<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

Full Name (Last, First, Middle Initial)  
**A. Pac. Credit Union Legislative Action Council**

Mailing Address  
805 Fifteenth Street NW Suite 300  
City State Zip Code  
Washington DC 20005

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2001

FEC ID number of contributing federal political committee. C00007880

Amount of Each Receipt this Period 500.00

Name of Employer Occupation Contribution  
none none

Receipt For: 2001 Election Cycle-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00  
Special Election

Transaction ID: SA11c-CN117B

Full Name (Last, First, Middle Initial)  
**B. Pac. Outdoor Advertising Assoc Of America**

Mailing Address  
1850 M Street NW Suite 104D  
City State Zip Code  
Washington DC 20036

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2001

FEC ID number of contributing federal political committee. C000457B1

Amount of Each Receipt this Period 500.00

Name of Employer Occupation Contribution  
none none

Receipt For: 2001 Election Cycle-to-Date ▼  
Primary General  
Other (specify) ▼ 1500.00  
Special Election

Transaction ID: SA11c-CN1177

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

Mailing Address  
One McDonalds Plaza  
City State Zip Code  
Oak Brook IL 60521

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2001

FEC ID number of contributing federal political committee. C00063164

Amount of Each Receipt this Period 1000.00

Name of Employer Occupation Contribution  
none none

Receipt For: 2001 Election Cycle-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00  
Special Election

Transaction ID: SA11c-CN1169

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

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



**SCHEDULE A  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A. Rely On Your Beliefs Fund Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address  
1300 Pennsylvania Avenue NW Suite 700  
City State Zip Code  
Washington DC 20004

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2001

Amount of Each Receipt this Period  
3300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
none none  
In-Kind

Receipt For: 2001 Election Cycle-to-Date ▼  
Primary General  
Other (specify) ▼ 3300.00  
Special Election

Transaction ID: SA11c-CN1166

**B. Exelon Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address  
PO Box 805379  
City State Zip Code  
Chicago IL 60680

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
none none

Receipt For: 2001 Election Cycle-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00  
Special Election

Transaction ID: SA11c-CN1164

**C. American Consulting Engineers Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address  
1015 15th Street NW Suite 802  
City State Zip Code  
Washington DC 20005

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.  
C00010868

Name of Employer Occupation Contribution  
none none

Receipt For: 2001 Election Cycle-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00  
Special Election

Transaction ID: SA11c-CN1163

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4300.00**

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

**SCHEDULE A  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)  
A. USX Corporation Pac

Mailing Address  
1101 Pennsylvania Ave NW

City State Zip Code  
Washington DC 20004

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee. C00030676

Name of Employer Occupation Contribution  
none none

Receipt For: 2001 Election Cycle-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00  
Special Election

Transaction ID: SA11c-CN115B

Full Name (Last, First, Middle Initial)  
B. Pac, Verizon Communication Inc Good Govt

Mailing Address  
1717 Arch Street 47-S

City State Zip Code  
Philadelphia PA 19103

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee. C00186288

Name of Employer Occupation Contribution  
none none

Receipt For: 2002 Election Cycle-to-Date ▼  
X Primary General  
Other (specify) ▼ 1000.00  
Primary Election

Transaction ID: SA11c-CN1154

Full Name (Last, First, Middle Initial)  
C. Nat Assoc Of Convenience Stores Pac

Mailing Address  
1605 King Street

City State Zip Code  
Alexandria VA 22314

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2001

Amount of Each Receipt this Period  
5000.00

FEC ID number of contributing federal political committee. C00126763

Name of Employer Occupation Contribution  
NONE NONE

Receipt For: 2002 Election Cycle-to-Date ▼  
X Primary General  
Other (specify) ▼ 5000.00  
Primary Election

Transaction ID: SA11c-CN1151

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>13900.00</b>

**SCHEDULE A  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

**A.** Charter Communications VI Llc

Mailing Address

2200 Beale Avenue

City

Altoona

State

PA

Zip Code

16801

Date of Receipt

M / D / Y  
06 / 25 / 2001

Amount of Each Receipt this Period

77.81

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Refund from Indv/Corp

overpayment refund Expenditure Refund

Receipt For: 2001

Primary General

Other (specify) ▼

Special Election

Election Cycle-to-Date ▼

85.53

Transaction ID: SA14-ER10

Full Name (Last, First, Middle Initial)

**B.** Charter Communications VI Llc

Mailing Address

2200 Beale Avenue

City

Altoona

State

PA

Zip Code

16801

Date of Receipt

M / D / Y  
06 / 18 / 2001

Amount of Each Receipt this Period

7.72

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Refund from Indv/Corp

Partial month refund Expenditure Refund

Receipt For: 2001

Primary General

Other (specify) ▼

Special Election

Election Cycle-to-Date ▼

85.53

Transaction ID: SA14-ER9

Full Name (Last, First, Middle Initial)

**C.** King Consultants

Mailing Address

590 Garber Street

City

Hollidaysburg

State

PA

Zip Code

16848

Date of Receipt

M / D / Y  
06 / 19 / 2001

Amount of Each Receipt this Period

815.92

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Refund from Indv/Corp

VERIZON DEPOSIT(NET) Expenditure Refund

Receipt For: 2001

Primary General

Other (specify) ▼

Special Election

Election Cycle-to-Date ▼

815.92

Transaction ID: SA14-ER7

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

**901.45**

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

**SCHEDULE A  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 12 / 57
	<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

Full Name (Last, First, Middle Initial)  
A. Roaring Spring Bottling Date of Receipt  
Mailing Address  
PO Box 97 N M / D E / Y Y Y Y  
06 12 2001  
City State Zip Code  
Roaring Spring PA 16673 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 24.00  
Name of Employer Occupation Refund from Indv/Corp  
Receipt For: 2001 Election Cycle-to-Date ▼ Bottle deposit refund Expenditure Refund  
Primary General  
Other (specify) ▼ 24.00  
Special Election Transaction ID: SA14-ER5

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>24.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>925.45</b>

**SCHEDULE B  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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17     18     19a  
20a    20b    20c     21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Political USA</b>		Date of Disbursement 06 / 07 / 2001	
Mailing Address PO 603 City Harris State NY Zip Code 12742		Amount of Each Disbursement this Period 438.70	
Purpose of Disbursement Operating Expenditure Candidate Name		24H Category/Type Campaign Literature Campaign Literature	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼ Special Election		Transaction ID: SB17-EX485

Full Name (Last, First, Middle Initial) <b>B. Eds Steak House</b>		Date of Disbursement 06 / 07 / 2001	
Mailing Address Street Required City Bedford State PA Zip Code 15622		Amount of Each Disbursement this Period 28.00	
Purpose of Disbursement Operating Expenditure Candidate Name		24H Category/Type Meals Meals	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼ Special Election		Transaction ID: SB17-EX501

Full Name (Last, First, Middle Initial) <b>C. First Commonwealth Bank</b>		Date of Disbursement 06 / 07 / 2001	
Mailing Address PO Box 0537 City Indiana State PA Zip Code 15701		Amount of Each Disbursement this Period 15.00	
Purpose of Disbursement Operating Expenditure Candidate Name		24H Category/Type Bank Service Charge Bank Service Charge	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼ Special Election		Transaction ID: SB17-EX504

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>479.70</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B  
ITEMIZED DISBURSEMENTS**

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

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	20a		20b		20c		

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Weigelf Barber Printing</b>		Date of Disbursement 06 / 14 / 2001
Mailing Address 343 Stoneycreek Street City: Johnstown State: PA Zip Code: 15801		Amount of Each Disbursement this Period 2888.00
Purpose of Disbursement Operating Expenditure	Candidate Name	24H Category/ Type  Campaign Literature Campaign Literature
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) Special Election	
State: District:		Transaction ID: SB17-EX484

Full Name (Last, First, Middle Initial) <b>B. Charter Communications Vi Llc</b>		Date of Disbursement 06 / 08 / 2001
Mailing Address 2200 Beale Avenue City: Altoona State: PA Zip Code: 16801		Amount of Each Disbursement this Period 77.81
Purpose of Disbursement Operating Expenditure	Candidate Name	24H Category/ Type  Utilities Utilities
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) Special Election	
State: District:		Transaction ID: SB17-EX478

Full Name (Last, First, Middle Initial) <b>C. M and T Bank</b>		Date of Disbursement 06 / 08 / 2001
Mailing Address 3D1 West Plank Road City: Altoona State: PA Zip Code: 16802		Amount of Each Disbursement this Period 88.20
Purpose of Disbursement Operating Expenditure	Candidate Name	24H Category/ Type  Bank Service Charge Bank Service Charge
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) Special Election	
State: District:		Transaction ID: SB17-EX508

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3054.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Sunoco</b>		Date of Disbursement 06 / 07 / 2001	
Mailing Address 1700 Seventh Avenue City Altoona State PA Zip Code 16802		Amount of Each Disbursement this Period 24.00	
Purpose of Disbursement Operating Expenditure Candidate Name		24H Category/ Type Vehicle Expenses Vehicle Expenses	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼ Special Election		
		Transaction ID: SB17-EX496	

Full Name (Last, First, Middle Initial) <b>B. Sheetz Inc</b>		Date of Disbursement 06 / 07 / 2001	
Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16802		Amount of Each Disbursement this Period 23.00	
Purpose of Disbursement Operating Expenditure Candidate Name		24H Category/ Type Vehicle Expenses Vehicle Expenses	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼ Special Election		
		Transaction ID: SB17-EX496	

Full Name (Last, First, Middle Initial) <b>C. Sheetz Inc</b>		Date of Disbursement 06 / 07 / 2001	
Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16802		Amount of Each Disbursement this Period 24.00	
Purpose of Disbursement Operating Expenditure Candidate Name		24H Category/ Type Vehicle Expenses Vehicle Expenses	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼ Special Election		
		Transaction ID: SB17-EX496	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>71.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sheetz Inc</p> <p>Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16802</p> <p>Purpose of Disbursement Operating Expenditure</p> <p>Candidate Name</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Office Sought: House Senate President</td> <td style="border: none;">Disbursement For: Primary General Other (specify) ▼ Special Election</td> </tr> <tr> <td style="border: none;">State: District:</td> <td style="border: none;"></td> </tr> </table>	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼ Special Election	State: District:		<p>Date of Disbursement 06 / 07 / 2001</p> <p>Amount of Each Disbursement this Period 13.25</p> <p>24H Category/ Type Vehicle Expenses Vehicle Expenses</p> <p>Transaction ID: SB17-EX500</p>
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼ Special Election				
State: District:					
<p><b>B.</b> Full Name (Last, First, Middle Initial) Days Inn</p> <p>Mailing Address 3308 Pleasant Valley Blvd City Altoona State PA Zip Code 16802</p> <p>Purpose of Disbursement Operating Expenditure</p> <p>Candidate Name</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Office Sought: House Senate President</td> <td style="border: none;">Disbursement For: Primary General Other (specify) ▼ Special Election</td> </tr> <tr> <td style="border: none;">State: District:</td> <td style="border: none;"></td> </tr> </table>	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼ Special Election	State: District:		<p>Date of Disbursement 06 / 08 / 2001</p> <p>Amount of Each Disbursement this Period 2089.55</p> <p>24H Category/ Type Lodging Lodging</p> <p>Transaction ID: SB17-EX474</p>
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼ Special Election				
State: District:					
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jan Mills</p> <p>Mailing Address 708 South 22nd Street City Altoona State PA Zip Code 16802</p> <p>Purpose of Disbursement Operating Expenditure</p> <p>Candidate Name</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Office Sought: House Senate President</td> <td style="border: none;">Disbursement For: Primary General Other (specify) ▼ Special Election</td> </tr> <tr> <td style="border: none;">State: District:</td> <td style="border: none;"></td> </tr> </table>	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼ Special Election	State: District:		<p>Date of Disbursement 06 / 08 / 2001</p> <p>Amount of Each Disbursement this Period 78.58</p> <p>24H Category/ Type Campaign Literature Campaign Literature</p> <p>Transaction ID: SB17-EX475</p>
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼ Special Election				
State: District:					

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2161.38**

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



**SCHEDULE B  
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Manpower</b>		Date of Disbursement 06 / 08 / 2001	
Mailing Address PO Box 3200 City: Altoona      State: PA      Zip Code: 16803		Amount of Each Disbursement this Period 454.78	
Purpose of Disbursement Operating Expenditure Candidate Name		24H Category/Type Office Expenses Office Expenses	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼ Special Election	Transaction ID: SB17-EX479	
State:      District:			

Full Name (Last, First, Middle Initial) <b>B. Galaxy Sound/Communication Inc</b>		Date of Disbursement 06 / 08 / 2001	
Mailing Address PO Box 1353 City: Altoona      State: PA      Zip Code: 16803		Amount of Each Disbursement this Period 545.90	
Purpose of Disbursement Operating Expenditure Candidate Name		24H Category/Type Election Night Event Election Night Event	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼ Special Election	Transaction ID: SB17-EX476	
State:      District:			

Full Name (Last, First, Middle Initial) <b>C. U.S. Postmaster</b>		Date of Disbursement 06 / 07 / 2001	
Mailing Address Allegheny Street City: Hollidaysburg      State: PA      Zip Code: 16848		Amount of Each Disbursement this Period 18.00	
Purpose of Disbursement Operating Expenditure Candidate Name		24H Category/Type Postage mailing of contributors list	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼ Primary Election	Transaction ID: SB17-EX447	
State:      District:			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1016.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B  
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Judy Giansante</b>		Date of Disbursement 06 / 08 / 2001	
Mailing Address RR 2 Box 561 City Hollidaysburg State PA Zip Code 16848		Amount of Each Disbursement this Period 64.23	
Purpose of Disbursement Operating Expenditure Candidate Name		24H Category/Type Office Expenses Staples-fundraiser supplies	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) Special Election		Transaction ID: SB17-EX471

Full Name (Last, First, Middle Initial) <b>B. Judy Giansante</b>		Date of Disbursement 06 / 08 / 2001	
Mailing Address RR 2 Box 561 City Hollidaysburg State PA Zip Code 16848		Amount of Each Disbursement this Period 26.01	
Purpose of Disbursement Operating Expenditure Candidate Name		24H Category/Type Vehicle Expenses Vehicle Expenses	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) Special Election		Transaction ID: SB17-EX472

Full Name (Last, First, Middle Initial) <b>C. Judy Giansante</b>		Date of Disbursement 06 / 08 / 2001	
Mailing Address RR 2 Box 561 City Hollidaysburg State PA Zip Code 16848		Amount of Each Disbursement this Period 91.76	
Purpose of Disbursement Operating Expenditure Candidate Name		24H Category/Type Telephone Telephone	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) Special Election		Transaction ID: SB17-EX473

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>172.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B  
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	20a		20b		20c		

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p>A. <b>Johnny On The Spot</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Street Required City Hollidaysburg State PA Zip Code 16848</p> <p>Purpose of Disbursement Operating Expenditure Candidate Name</p> <p>Office Sought: House Senate President State: District:</p> <p>Disbursement For: Primary General Other (specify) ▼ Special Election</p>		<p>Date of Disbursement 06 / 07 / 2001</p> <p>Amount of Each Disbursement this Period 13.77</p> <p>24H Category/ Type Vehicle Expenses Vehicle Expenses</p> <p>Transaction ID: SB17-EX490</p>
<p>B. <b>Huntingdon Co Business/Ind Inc</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 241 Mifflin Street City Huntingdon State PA Zip Code 16852</p> <p>Purpose of Disbursement Operating Expenditure Candidate Name</p> <p>Office Sought: House Senate President State: District:</p> <p>Disbursement For: Primary General Other (specify) ▼ Special Election</p>		<p>Date of Disbursement 06 / 08 / 2001</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>24H Category/ Type Promotional Tickets Promotional Tickets</p> <p>Transaction ID: SB17-EX470</p>
<p>C. <b>Mary Ann Fedeli</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address RR 1 Box 552 City Tyrone State PA Zip Code 16886</p> <p>Purpose of Disbursement Operating Expenditure Candidate Name</p> <p>Office Sought: House Senate President State: District:</p> <p>Disbursement For: Primary General Other (specify) ▼ Special Election</p>		<p>Date of Disbursement 06 / 08 / 2001</p> <p>Amount of Each Disbursement this Period 28.08</p> <p>24H Category/ Type Polling Costs Polling Costs</p> <p>Transaction ID: SB17-EX477</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>		<p><b>69.86</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		

**SCHEDULE B  
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p>Full Name (Last, First, Middle Initial) <b>A. Kevin Stacey</b></p> <p>Mailing Address 204 W Linn Street Apt 1 City: Bellefonte      State: PA      Zip Code: 16823</p> <p>Purpose of Disbursement: Operating Expenditure Candidate Name:</p> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Office Sought: House Senate President</td> <td style="width:30%; border: none;">Disbursement For: Primary    General Other (specify) ▼ Special Election</td> <td style="width:40%; border: none;"></td> </tr> <tr> <td style="border: none;">State:      District:</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>			Office Sought: House Senate President	Disbursement For: Primary    General Other (specify) ▼ Special Election		State:      District:			<p>Date of Disbursement 06 / 06 / 2001</p> <p>Amount of Each Disbursement this Period 399.77</p> <p>Campaign Workers' Salaries Campaign Wor</p> <p>Transaction ID: SB17-EX480</p>
Office Sought: House Senate President	Disbursement For: Primary    General Other (specify) ▼ Special Election								
State:      District:									

<p>Full Name (Last, First, Middle Initial) <b>B. Dennys Beer Barrel Pub</b></p> <p>Mailing Address 1423 Dorey Street City: Clearfield      State: PA      Zip Code: 16830</p> <p>Purpose of Disbursement: Operating Expenditure Candidate Name:</p> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Office Sought: House Senate President</td> <td style="width:30%; border: none;">Disbursement For: Primary    General Other (specify) ▼ Special Election</td> <td style="width:40%; border: none;"></td> </tr> <tr> <td style="border: none;">State:      District:</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>			Office Sought: House Senate President	Disbursement For: Primary    General Other (specify) ▼ Special Election		State:      District:			<p>Date of Disbursement 06 / 07 / 2001</p> <p>Amount of Each Disbursement this Period 49.22</p> <p>Meals Meals</p> <p>Transaction ID: SB17-EX493</p>
Office Sought: House Senate President	Disbursement For: Primary    General Other (specify) ▼ Special Election								
State:      District:									

<p>Full Name (Last, First, Middle Initial) <b>C. Exxon</b></p> <p>Mailing Address Street Required City: Mifflintown      State: PA      Zip Code: 17059</p> <p>Purpose of Disbursement: Operating Expenditure Candidate Name:</p> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Office Sought: House Senate President</td> <td style="width:30%; border: none;">Disbursement For: Primary    General Other (specify) ▼ Special Election</td> <td style="width:40%; border: none;"></td> </tr> <tr> <td style="border: none;">State:      District:</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>			Office Sought: House Senate President	Disbursement For: Primary    General Other (specify) ▼ Special Election		State:      District:			<p>Date of Disbursement 06 / 07 / 2001</p> <p>Amount of Each Disbursement this Period 19.00</p> <p>Vehicle Expenses Vehicle Expenses</p> <p>Transaction ID: SB17-EX486</p>
Office Sought: House Senate President	Disbursement For: Primary    General Other (specify) ▼ Special Election								
State:      District:									

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>467.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B  
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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Exxon</b>			Date of Disbursement 06 / 07 / 2001	
Mailing Address Street Required City State Zip Code Mifflintown PA 17059			Amount of Each Disbursement this Period 23.35	
Purpose of Disbursement Operating Expenditure Candidate Name			24H Category/ Type	
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼ Special Election	Vehicle Expenses Vehicle Expenses	
Transaction ID: SB17-EX487				

Full Name (Last, First, Middle Initial) <b>B. Exxon</b>			Date of Disbursement 06 / 07 / 2001	
Mailing Address Street Required City State Zip Code Mifflintown PA 17059			Amount of Each Disbursement this Period 16.00	
Purpose of Disbursement Operating Expenditure Candidate Name			24H Category/ Type	
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼ Special Election	Vehicle Expenses Vehicle Expenses	
Transaction ID: SB17-EX488				

Full Name (Last, First, Middle Initial) <b>C. Exxon</b>			Date of Disbursement 06 / 07 / 2001	
Mailing Address Street Required City State Zip Code Mifflintown PA 17059			Amount of Each Disbursement this Period 18.25	
Purpose of Disbursement Operating Expenditure Candidate Name			24H Category/ Type	
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼ Special Election	Vehicle Expenses Vehicle Expenses	
Transaction ID: SB17-EX489				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>55.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B  
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)  
Four Points Hotel

Mailing Address  
1123 Lincoln Way East  
City State Zip Code  
Chambersburg PA 17201

Purpose of Disbursement  
Operating Expenditure  
Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For:  
Primary General  
Other (specify) ▼  
Special Election

Date of Disbursement  
06 / 07 / 2001

Amount of Each Disbursement this Period  
108.75

Lodging Lodging

Transaction ID: SB17-EX502

B. Full Name (Last, First, Middle Initial)  
Phillips Motel

Mailing Address  
Route 15 Box 191  
City State Zip Code  
Shamokin Dam PA 17878

Purpose of Disbursement  
Operating Expenditure  
Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For:  
Primary General  
Other (specify) ▼  
Special Election

Date of Disbursement  
06 / 07 / 2001

Amount of Each Disbursement this Period  
169.80

Lodging Lodging

Transaction ID: SB17-EX503

C. Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Mailing Address  
300 First Street SE  
City State Zip Code  
Washington DC 20001

Purpose of Disbursement  
Operating Expenditure  
Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For:  
Primary General  
Other (specify) ▼  
Special Election

Date of Disbursement  
06 / 07 / 2001

Amount of Each Disbursement this Period  
15.18

Meals Meals

Transaction ID: SB17-EX497

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>291.53</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B  
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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Natl Rep Congressional Comm.</p> <p>Mailing Address 320 First Street SE City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Operating Expenditure</p> <p>Candidate Name</p>			<p>Date of Disbursement 06 / 08 / 2001</p> <p>Amount of Each Disbursement this Period 2853.50</p> <p>Airplane Airplane</p> <p>Transaction ID: SB17-EX482</p>	
<p>Office Sought: House Senate President</p> <p>State: District:</p>	<p>Disbursement For: Primary General Other (specify) ▼ Special Election</p>	<p>24H Category/ Type</p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Natl Rep Congressional Comm.</p> <p>Mailing Address 320 First Street SE City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Operating Expenditure</p> <p>Candidate Name</p>			<p>Date of Disbursement 06 / 08 / 2001</p> <p>Amount of Each Disbursement this Period 55.50</p> <p>Airplane Airplane</p> <p>Transaction ID: SB17-EX483</p>	
<p>Office Sought: House Senate President</p> <p>State: District:</p>	<p>Disbursement For: Primary General Other (specify) ▼ Special Election</p>	<p>24H Category/ Type</p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Amoco</p> <p>Mailing Address Street Required City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Operating Expenditure</p> <p>Candidate Name</p>			<p>Date of Disbursement 06 / 07 / 2001</p> <p>Amount of Each Disbursement this Period 17.75</p> <p>Vehicle Expenses Vehicle Expenses</p> <p>Transaction ID: SB17-EX491</p>	
<p>Office Sought: House Senate President</p> <p>State: District:</p>	<p>Disbursement For: Primary General Other (specify) ▼ Special Election</p>	<p>24H Category/ Type</p>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2926.75</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Amoco</b>		Date of Disbursement 06 / 07 / 2001	
Mailing Address Street Required City Hollidaysburg		Amount of Each Disbursement this Period 25.05	
State PA Zip Code 16848		24H Category/ Type Vehicle Expenses gasoline-Bedford	
Purpose of Disbursement Operating Expenditure Candidate Name		Transaction ID: SB17-EX492	
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼ Special Election		
State:                  District:			

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>		Date of Disbursement 06 / 07 / 2001	
Mailing Address Street Required City Hollidaysburg		Amount of Each Disbursement this Period 11.75	
State PA Zip Code 16848		24H Category/ Type Vehicle Expenses Vehicle Expenses	
Purpose of Disbursement Operating Expenditure Candidate Name		Transaction ID: SB17-EX495	
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼ Special Election		
State:                  District:			

Full Name (Last, First, Middle Initial) <b>C. Congressional Liquors</b>		Date of Disbursement 06 / 07 / 2001	
Mailing Address Street Required City Hollidaysburg		Amount of Each Disbursement this Period 23.28	
State PA Zip Code 16848		24H Category/ Type Meals Meals	
Purpose of Disbursement Operating Expenditure Candidate Name		Transaction ID: SB17-EX494	
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼ Special Election		
State:                  District:			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B**  
**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. AT/T</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address PO Box 9001309 City State Zip Code Louisville KY 40290		Amount of Each Disbursement this Period 1028.18	
Purpose of Disbursement Operating Expenditure		24H Category/ Type	
Candidate Name		Telephone Telephone	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼ Special Election	Transaction ID: SB17-EX481	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Rely On Your Beliefs Fund Pac</b>		Date of Disbursement 06 / 19 / 2001	
Mailing Address 1300 Pennsylvania Avenue NW Suite 700 City State Zip Code Washington DC 20004		Amount of Each Disbursement this Period 3300.00	
Purpose of Disbursement IN-KIND RECEIVED		15Z Category/ Type	
Candidate Name		IN-KIND RECEIVED	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼ Special Election	Transaction ID: SB17-CN1106	
State: District:			

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4328.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>15154.76</b>

**SCHEDULE B  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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17  
20a  18  
20b  19a  
20c  21

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Committee To Elect Dan Clark</b>		Date of Disbursement 06 / 21 / 2001	
Mailing Address PO Box 129 City: Mifflintown State: PA Zip Code: 17058		Amount of Each Disbursement this Period 101.00	
Purpose of Disbursement Contribution Made to Non-Affiliated		24K Category/ Type	
Candidate Name Daniel F Clark		nonfederal Contribution	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼ Primary Election	Transaction ID: SB21-EX507	
State: PA      District: 02			

Full Name (Last, First, Middle Initial) <b>B. Forbes For Congress</b>		Date of Disbursement 06 / 15 / 2001	
Mailing Address 1104 Madison Place Suite 101 City: Chesapeake State: VA Zip Code: 23320		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution Made to Non-Affiliated		24K Category/ Type	
Candidate Name J Randy Forbes		J Randy Forbes House 04 (VA)	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼ Primary Election	Transaction ID: SB21-EX511	
State: VA      District: 04			

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>601.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>601.00</b>

**SCHEDULE C**

**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
 William Shuster

Election:  
 Primary  
 General  
 Other (specify) ▼  
 Special Election

Mailing Address  
 9 Overlook Drive

City: Hollidaysburg State: PA ZIP Code: 16648

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10155.00	0.00	10155.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM DD YYYY 03 01 2001	20011231	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Transaction ID: SC-LN2

Full Name (Last, First, Middle Initial) Name of Employer

Mailing Address Occupation

City State ZIP Code Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial) Name of Employer

Mailing Address Occupation

City State ZIP Code Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial) Name of Employer

Mailing Address Occupation

City State ZIP Code Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial) Name of Employer

Mailing Address Occupation

City State ZIP Code Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>10155.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C**

**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
 William Shuster

Election:  
 Primary  
 General  
 Other (specify) ▼  
 Special Election

Mailing Address  
 9 Overlook Drive

City: Hollidaysburg State: PA ZIP Code: 16648

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM DD YY 02 27 2001	20011231	.0000 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID: SC-LN4

Full Name (Last, First, Middle Initial) Name of Employer

Mailing Address Occupation

City State ZIP Code Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial) Name of Employer

Mailing Address Occupation

City State ZIP Code Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial) Name of Employer

Mailing Address Occupation

City State ZIP Code Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial) Name of Employer

Mailing Address Occupation

City State ZIP Code Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>10000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	▶	<b>20155.00</b>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)  
 PAGE 29 / 57  
 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  
 P.C. John P Urban  
 Nature of Debt (Purpose):  
 Eichelberger et al Invoice 1083 Legal Co

Mailing Address  
 PO Box 508  
 City State ZIP Code  
 Hollidaysburg PA 16648

Outstanding Balance Beginning This Period  
 4789.88  
 Transaction ID: SD10-INV422  
 Amount Incurred This Period Payment This Period  
 0 0  
 Outstanding Balance at Close of This Period  
 4789.88

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 P.C. John P Urban  
 Nature of Debt (Purpose):  
 Eichelberger et al Invoice 1158 Legal Co

Mailing Address  
 PO Box 508  
 City State ZIP Code  
 Hollidaysburg PA 16648

Outstanding Balance Beginning This Period  
 64.43  
 Transaction ID: SD10-INV423  
 Amount Incurred This Period Payment This Period  
 0 0  
 Outstanding Balance at Close of This Period  
 64.43

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Brabender Cox Mihalke  
 Nature of Debt (Purpose):  
 Invoice #7038-TV production Media

Mailing Address  
 One Station Square Landmarks Bldg  
 City State ZIP Code  
 Pittsburgh PA 15219

Outstanding Balance Beginning This Period  
 6000  
 Transaction ID: SD10-INV424  
 Amount Incurred This Period Payment This Period  
 0 0  
 Outstanding Balance at Close of This Period  
 6000

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>10854.41</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor

Brabender Cox Mihalke

Nature of Debt (Purpose):

Invoice #7055-TV dubs Media

Mailing Address

One Station Square Landmarks Bldg

City State ZIP Code  
Pittsburgh PA 15219

Outstanding Balance Beginning This Period

2645.55

Transaction ID: SD10-INV425

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

2645.55

B Full Name (Last, First, Middle Initial) of Debtor or Creditor

Brabender Cox Mihalke

Nature of Debt (Purpose):

Invoice #7057-handout card Campaign Lite

Mailing Address

One Station Square Landmarks Bldg

City State ZIP Code  
Pittsburgh PA 15219

Outstanding Balance Beginning This Period

2341

Transaction ID: SD10-INV428

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

2341

C Full Name (Last, First, Middle Initial) of Debtor or Creditor

Manpower

Nature of Debt (Purpose):

Temporary receptionist Office Expenses

Mailing Address

PO Box 3200

City State ZIP Code  
Altoona PA 16603

Outstanding Balance Beginning This Period

409.30

Transaction ID: SD10-INV446

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

409.30

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>5395.85</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)  
 PAGE 31 / 57  
 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  
 Bruce Kelley  
 Nature of Debt (Purpose):  
 4 Tickets for Perry Co Pig Roast Promoti

Mailing Address  
 43 Seneca Avenue  
 City State ZIP Code  
 Altoona PA 16602

Outstanding Balance Beginning This Period Transaction ID: SD10-INV447  
 60  
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0 0 60

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Uptown Caterers  
 Nature of Debt (Purpose):  
 May 17 Swearing In Invoice #54944 Meals

Mailing Address  
 Rayburn House Office Building  
 City State ZIP Code  
 Washington DC 20515

Outstanding Balance Beginning This Period Transaction ID: SD10-INV448  
 522  
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0 0 522

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Shuster Chrysler  
 Nature of Debt (Purpose):  
 Reimburse phone card Telephone

Mailing Address  
 RR 2 Box 318D  
 City State ZIP Code  
 East Freedom PA 16637

Outstanding Balance Beginning This Period Transaction ID: SD10-INV450  
 20.98  
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0 0 20.98

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>602.98</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor

Any Petraglia

Nature of Debt (Purpose):

Fundraising

Mailing Address

8623 Lexington Place

City State ZIP Code  
Wexford PA 15090

Outstanding Balance Beginning This Period

0

Transaction ID: SD10-INV500

Amount Incurred This Period

1000

Payment This Period

0

Outstanding Balance at Close of This Period

1000

B Full Name (Last, First, Middle Initial) of Debtor or Creditor

AT/T

Nature of Debt (Purpose):

P07 524 6000 195 calling card Telephone

Mailing Address

PO Box 9001309

City State ZIP Code  
Louisville KY 40290

Outstanding Balance Beginning This Period

0

Transaction ID: SD10-INV501

Amount Incurred This Period

21.13

Payment This Period

0

Outstanding Balance at Close of This Period

21.13

C Full Name (Last, First, Middle Initial) of Debtor or Creditor

AT/T Wireless Services

Nature of Debt (Purpose):

5/8 to 6/8 2201188337 Telephone

Mailing Address

PO 84039

City State ZIP Code  
Maitland FL 32794

Outstanding Balance Beginning This Period

0

Transaction ID: SD10-INV503

Amount Incurred This Period

226.35

Payment This Period

0

Outstanding Balance at Close of This Period

226.35

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>1247.48</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	



**SCHEDULE D**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)  
 PAGE 33 / 57  
 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 United Parcel Service  Mailing Address PO Box 7247-0244 City State ZIP Code Philadelphia PA 19170		Nature of Debt (Purpose): &/B overnite FEC report Postage   Transaction ID: SD10-INV504
Outstanding Balance Beginning This Period 0	Amount Incurred This Period 12.40	Payment This Period 0
		Outstanding Balance at Close of This Period 12.40

B Full Name (Last, First, Middle Initial) of Debtor or Creditor Manpower  Mailing Address PO Box 3200 City State ZIP Code Altoona PA 16603		Nature of Debt (Purpose): Temporary receptionist Rec'd 6/29 Office
Outstanding Balance Beginning This Period 625.32	Amount Incurred This Period 0	Payment This Period 0
		Outstanding Balance at Close of This Period 625.32

C Full Name (Last, First, Middle Initial) of Debtor or Creditor Political USA  Mailing Address PO 603 City State ZIP Code Harris NY 12742		Nature of Debt (Purpose): Red/White Labels Inv 338545 Campaign Lit
Outstanding Balance Beginning This Period 248	Amount Incurred This Period 0	Payment This Period 0
		Outstanding Balance at Close of This Period 248

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>885.72</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Sheetz Inc

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
5700 Sixth Avenue

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period  
17.42

Transaction ID: SD10-INV508

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
17.42

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Sheetz Inc

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
5700 Sixth Avenue

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period  
19.61

Transaction ID: SD10-INV509

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
19.61

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Keystone Novelty

Nature of Debt (Purpose):  
Invoice 2704 Fundraising

Mailing Address  
1315 Pleasant Valley Blvd

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period  
80.90

Transaction ID: SD10-INV510

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
80.90

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>117.93</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Staples-291

Nature of Debt (Purpose):  
Office supplies Office Expenses

Mailing Address  
Plank Road/Orchard Plaza

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period  
11.21

Transaction ID: SD10-INV511

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
11.21

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Turkey Hill

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
Street Required

City State ZIP Code  
Roaring Spring PA 16673

Outstanding Balance Beginning This Period  
15.10

Transaction ID: SD10-INV512

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
15.10

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BP Oil

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
Street Required

City State ZIP Code  
Bedford PA 15522

Outstanding Balance Beginning This Period  
16.80

Transaction ID: SD10-INV513

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
16.80

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>43.11</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Sheetz Inc

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
5700 Sixth Avenue

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period  
27

Transaction ID: SD10-INV514

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
27

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Sunoco

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
1700 Seventh Avenue

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period  
27.50

Transaction ID: SD10-INV515

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
27.50

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BP GI

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
Street Required

City State ZIP Code  
Bedford PA 15522

Outstanding Balance Beginning This Period  
15

Transaction ID: SD10-INV516

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
15

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>69.50</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)  
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 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 First Commonwealth Bank  Mailing Address PO Box 0537 City State ZIP Code Indiana PA 15701		Nature of Debt (Purpose): Finance Charge Bank Service Charge   Transaction ID: SD10-INV517
Outstanding Balance Beginning This Period 17.10  Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 17.10

B Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton Hotels  Mailing Address Street Required City State ZIP Code City ST 00000		Nature of Debt (Purpose): Harrisburg Lodging   Transaction ID: SD10-INV520
Outstanding Balance Beginning This Period 487.14  Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 487.14

C Full Name (Last, First, Middle Initial) of Debtor or Creditor Kwik Fill  Mailing Address Street Required City State ZIP Code Tyrone PA 16686		Nature of Debt (Purpose): Gasoline Vehicle Expenses   Transaction ID: SD10-INV525
Outstanding Balance Beginning This Period 21.75  Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 21.75

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>525.99</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Exxon

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
Street Required

City State ZIP Code  
Mifflintown PA 17059

Outstanding Balance Beginning This Period  
21.10

Transaction ID: SD10-INV528

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
21.10

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
American Cancer Society

Nature of Debt (Purpose):  
Culinary Night Promotional Tickets

Mailing Address  
Street Required

City State ZIP Code  
Harrisburg PA 17101

Outstanding Balance Beginning This Period  
50

Transaction ID: SD10-INV527

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
50

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Centre Cafe

Nature of Debt (Purpose):  
Meals

Mailing Address  
Street Required

City State ZIP Code  
Washington DC 20001

Outstanding Balance Beginning This Period  
72

Transaction ID: SD10-INV528

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
72

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>143.10</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)  
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NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor Holiday Inn On The Hill  Mailing Address 415 New Jersey Avenue NW City State ZIP Code Washington DC 20001  Outstanding Balance Beginning This Period 246.81  Amount Incurred This Period Payment This Period 0 0  Outstanding Balance at Close of This Period 246.81  Transaction ID: SD10-INV529		Nature of Debt (Purpose): Lodging
B Full Name (Last, First, Middle Initial) of Debtor or Creditor Hyatt Regency Washington  Mailing Address 400 New Jersey Avenue NW City State ZIP Code Washington DC 20001  Outstanding Balance Beginning This Period 292.23  Amount Incurred This Period Payment This Period 0 0  Outstanding Balance at Close of This Period 292.23  Transaction ID: SD10-INV530		Nature of Debt (Purpose): Lodging
C Full Name (Last, First, Middle Initial) of Debtor or Creditor Hyatt Regency Washington  Mailing Address 400 New Jersey Avenue NW City State ZIP Code Washington DC 20001  Outstanding Balance Beginning This Period 240.41  Amount Incurred This Period Payment This Period 0 0  Outstanding Balance at Close of This Period 240.41  Transaction ID: SD10-INV531		Nature of Debt (Purpose): Lodging

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>779.45</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line) PAGE 40 / 57  
 FOR LINE NUMBER:  9  
 10

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

<p><b>A</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor          Hyatt Regency Washington</p> <p>Mailing Address          400 New Jersey Avenue NW</p> <p>City State ZIP Code          Washington DC 20001</p> <p>Outstanding Balance Beginning This Period          240.41</p> <p>Amount Incurred This Period Payment This Period          0 0</p>	<p>Nature of Debt (Purpose):          Lodging</p> <p>Transaction ID: SD10-INV532</p> <p>Outstanding Balance at Close of This Period          240.41</p>
<p><b>B</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor          First Commonwealth Bank</p> <p>Mailing Address          PO Box 0537</p> <p>City State ZIP Code          Indiana PA 15701</p> <p>Outstanding Balance Beginning This Period          13.93</p> <p>Amount Incurred This Period Payment This Period          0 0</p>	<p>Nature of Debt (Purpose):          Finance Charge Bank Service Charge</p> <p>Transaction ID: SD10-INV533</p> <p>Outstanding Balance at Close of This Period          13.93</p>
<p><b>C</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor          Political USA</p> <p>Mailing Address          PO 803</p> <p>City State ZIP Code          Harris NY 12742</p> <p>Outstanding Balance Beginning This Period          382.04</p> <p>Amount Incurred This Period Payment This Period          0 0</p>	<p>Nature of Debt (Purpose):          Campaign Literature</p> <p>Transaction ID: SD10-INV534</p> <p>Outstanding Balance at Close of This Period          382.04</p>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	636.38
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	



**SCHEDULE D**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)  
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 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 Sheetz Inc  Mailing Address 5700 Sixth Avenue City State ZIP Code Altoona PA 16602		Nature of Debt (Purpose): Gasoline Vehicle Expenses   Transaction ID: SD10-INV535
Outstanding Balance Beginning This Period 16.75  Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 16.75
B Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc  Mailing Address 5700 Sixth Avenue City State ZIP Code Altoona PA 16602		Nature of Debt (Purpose): Gasoline Vehicle Expenses
Outstanding Balance Beginning This Period 18  Amount Incurred This Period 0	Payment This Period 0	Transaction ID: SD10-INV536  Outstanding Balance at Close of This Period 18
C Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc  Mailing Address 5700 Sixth Avenue City State ZIP Code Altoona PA 16602		Nature of Debt (Purpose): Gasoline Vehicle Expenses
Outstanding Balance Beginning This Period 15  Amount Incurred This Period 0	Payment This Period 0	Transaction ID: SD10-INV537  Outstanding Balance at Close of This Period 15

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>49.75</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Sheetz Inc

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
5700 Sixth Avenue

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period  
18.75

Transaction ID: SD10-INV538

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
18.75

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Turkey Hill

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
Street Required

City State ZIP Code  
Roaring Spring PA 16673

Outstanding Balance Beginning This Period  
11

Transaction ID: SD10-INV539

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
11

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Turkey Hill

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
Street Required

City State ZIP Code  
Roaring Spring PA 16673

Outstanding Balance Beginning This Period  
20.50

Transaction ID: SD10-INV540

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
20.50

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>50.25</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sunoco

Nature of Debt (Purpose):

Gasoline Vehicle Expenses

Mailing Address

1700 Seventh Avenue

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period

14.75

Transaction ID: SD10-INV541

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

14.75

B Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sunoco

Nature of Debt (Purpose):

Gasoline Vehicle Expenses

Mailing Address

1700 Seventh Avenue

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period

22

Transaction ID: SD10-INV542

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

22

C Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sunoco

Nature of Debt (Purpose):

Gasoline Vehicle Expenses

Mailing Address

1700 Seventh Avenue

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period

22.25

Transaction ID: SD10-INV543

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

22.25

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>59.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sunoco

Nature of Debt (Purpose):

Gasoline Vehicle Expenses

Mailing Address

1700 Seventh Avenue

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period

20.75

Transaction ID: SD10-INV544

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

20.75

B Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sunoco

Nature of Debt (Purpose):

Gasoline Vehicle Expenses

Mailing Address

1700 Seventh Avenue

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period

14.70

Transaction ID: SD10-INV545

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

14.70

C Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sunoco

Nature of Debt (Purpose):

Gasoline Vehicle Expenses

Mailing Address

1700 Seventh Avenue

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period

34

Transaction ID: SD10-INV546

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

34

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	69.45
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lykens Market

Nature of Debt (Purpose):

Gasoline Vehicle Expenses

Mailing Address

Street Required

City State ZIP Code  
Port Matilda PA 16870

Outstanding Balance Beginning This Period

26.01

Transaction ID: SD10-INV547

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

26.01

B Full Name (Last, First, Middle Initial) of Debtor or Creditor

Exxon

Nature of Debt (Purpose):

Gasoline Vehicle Expenses

Mailing Address

Street Required

City State ZIP Code  
Mifflintown PA 17058

Outstanding Balance Beginning This Period

23

Transaction ID: SD10-INV548

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

23

C Full Name (Last, First, Middle Initial) of Debtor or Creditor

Kwik Fill

Nature of Debt (Purpose):

Gasoline Vehicle Expenses

Mailing Address

Street Required

City State ZIP Code  
Tyrone PA 16886

Outstanding Balance Beginning This Period

26.14

Transaction ID: SD10-INV550

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

26.14

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>75.15</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Travel Centers Of America

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
Exit 23 I-80

City State ZIP Code  
Tionesta PA 16353

Outstanding Balance Beginning This Period  
18.50

Transaction ID: SD10-INV551

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
18.50

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Zachs Sports And Spirits

Nature of Debt (Purpose):  
Meals

Mailing Address  
5820 Sixth Avenue

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period  
09.01

Transaction ID: SD10-INV552

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
09.01

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Mielnik Town And Country

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
5915 California Ave

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period  
17.50

Transaction ID: SD10-INV553

Amount Incurred This Period Payment This Period  
0 0

Outstanding Balance at Close of This Period  
17.50

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>125.01</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sellingsgrove Brewing Co

Nature of Debt (Purpose):

Meals

Mailing Address

Street Required

City State ZIP Code  
Selinsgrove PA 17870

Outstanding Balance Beginning This Period

19.52

Transaction ID: SD10-INV554

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

19.52

B Full Name (Last, First, Middle Initial) of Debtor or Creditor

Holiday Inn On The Hill

Nature of Debt (Purpose):

Rooms for Swearing In Lodging

Mailing Address

415 New Jersey Avenue NW

City State ZIP Code  
Washington DC 20001

Outstanding Balance Beginning This Period

1469.41

Transaction ID: SD10-INV555

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

1469.41

C Full Name (Last, First, Middle Initial) of Debtor or Creditor

AT/T Wireless Services

Nature of Debt (Purpose):

2002526947 Telephone

Mailing Address

PO 944039

City State ZIP Code  
Maitland FL 32794

Outstanding Balance Beginning This Period

0

Transaction ID: SD10-INV556

Amount Incurred This Period

553.28

Payment This Period

0

Outstanding Balance at Close of This Period

553.28

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>2042.21</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)  
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NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 AT/T Wireless Services  
 Nature of Debt (Purpose):  
 2002529983 Telephone

Mailing Address  
 PO 944039  
 City State ZIP Code  
 Maitland FL 32704  
 Outstanding Balance Beginning This Period Transaction ID: SD10-INV557  
 0  
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 245.94 0 245.94

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Seville Associates  
 Nature of Debt (Purpose):  
 Utilities Reimbursement Utilities

Mailing Address  
 3889 Mill Road  
 City State ZIP Code  
 Duncansville PA 16835  
 Outstanding Balance Beginning This Period Transaction ID: SD10-INV558  
 0  
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 1039.37 0 1039.37

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Xpedite Systems Inc.  
 Nature of Debt (Purpose):  
 Invoice 0106052249 Fax Service Office Ex

Mailing Address  
 One Industrial Way West  
 City State ZIP Code  
 Eatontown NJ 07724  
 Outstanding Balance Beginning This Period Transaction ID: SD10-INV559  
 204.96  
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0 0 204.96

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>1490.27</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	



**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT/T

Nature of Debt (Purpose):  
Acct #030 283 7857 001 Telephone

Mailing Address  
PO Box 8001309

City State ZIP Code  
Louisville KY 40280

Outstanding Balance Beginning This Period  
0

Transaction ID: SD10-INV580

Amount Incurred This Period Payment This Period  
5.95 0

Outstanding Balance at Close of This Period  
5.95

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Shuster Chrysler

Nature of Debt (Purpose):  
June payment for van Vehicle Lease

Mailing Address  
RR 2 Box 318D

City State ZIP Code  
East Freedom PA 18637

Outstanding Balance Beginning This Period  
0

Transaction ID: SD10-INV562

Amount Incurred This Period Payment This Period  
400 0

Outstanding Balance at Close of This Period  
400

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Max And Ermas

Nature of Debt (Purpose):  
Meals

Mailing Address  
No 72

City State ZIP Code  
Pittsburgh PA 15201

Outstanding Balance Beginning This Period  
0

Transaction ID: SD10-INV563

Amount Incurred This Period Payment This Period  
53.01 0

Outstanding Balance at Close of This Period  
53.01

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>458.96</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Exxon

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
Street Required

City State ZIP Code  
Mifflintown PA 17059

Outstanding Balance Beginning This Period  
0

Transaction ID: SD10-INV584

Amount Incurred This Period Payment This Period  
25.50 0

Outstanding Balance at Close of This Period  
25.50

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TGI Fridays

Nature of Debt (Purpose):  
Meals

Mailing Address  
Plank Road

City State ZIP Code  
Altoona PA 16602

Outstanding Balance Beginning This Period  
0

Transaction ID: SD10-INV585

Amount Incurred This Period Payment This Period  
33.85 0

Outstanding Balance at Close of This Period  
33.85

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BP Oil

Nature of Debt (Purpose):  
Gasoline Vehicle Expenses

Mailing Address  
Street Required

City State ZIP Code  
Bedford PA 15522

Outstanding Balance Beginning This Period  
0

Transaction ID: SD10-INV566

Amount Incurred This Period Payment This Period  
20 0

Outstanding Balance at Close of This Period  
20

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>79.35</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**  
**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  
 First Commonwealth Bank

Nature of Debt (Purpose):  
 Finance Charge Bank Service Charge

Mailing Address  
 PO Box 0537

City State ZIP Code  
 Indiana PA 15701

Outstanding Balance Beginning This Period

Transaction ID: SD10-INV587

0

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

56.77

0

56.77

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Selingsgrove Brewing Co

Nature of Debt (Purpose):  
 Meals

Mailing Address  
 Street Required

City State ZIP Code  
 Selingsgrove PA 17870

Outstanding Balance Beginning This Period

Transaction ID: SD10-INV588

110

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0

0

110

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Cozy Inn

Nature of Debt (Purpose):  
 Lodging

Mailing Address  
 Street Required

City State ZIP Code  
 Chambersburg PA 17201

Outstanding Balance Beginning This Period

Transaction ID: SD10-INV589

0

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

148.45

0

148.45

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>315.22</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)  
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 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 The Original Italian  Mailing Address Street Required City State ZIP Code Burnham PA 17009		Nature of Debt (Purpose): Meals   Transaction ID: SD10-INV570
Outstanding Balance Beginning This Period 0  Amount Incurred This Period 96.29  Payment This Period 0  Outstanding Balance at Close of This Period 96.29		
B Full Name (Last, First, Middle Initial) of Debtor or Creditor Hoss Steak And Sea  Mailing Address W/ye Switches City State ZIP Code Duncansville PA 16835		Nature of Debt (Purpose): Meals   Transaction ID: SD10-INV571
Outstanding Balance Beginning This Period 0  Amount Incurred This Period 84.99  Payment This Period 0  Outstanding Balance at Close of This Period 84.99		
C Full Name (Last, First, Middle Initial) of Debtor or Creditor AT/T Wireless Of LVM  Mailing Address Plank Road City State ZIP Code Altoona PA 16602		Nature of Debt (Purpose): Phone Equipment Telephone   Transaction ID: SD10-INV572
Outstanding Balance Beginning This Period 0  Amount Incurred This Period 52.98  Payment This Period 0  Outstanding Balance at Close of This Period 52.98		

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>234.26</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	

**SCHEDULE D**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)  
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 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 The Fruit Basket  Mailing Address 550 Penn Street City State ZIP Code Washington DC 20003		Nature of Debt (Purpose): Meals   Transaction ID: SD10-INV573
Outstanding Balance Beginning This Period 0	Amount Incurred This Period 35.95	Payment This Period 0
		Outstanding Balance at Close of This Period 35.95

B Full Name (Last, First, Middle Initial) of Debtor or Creditor Capital Grille  Mailing Address 8003 City State ZIP Code Washington DC 20001		Nature of Debt (Purpose): Meals   Transaction ID: SD10-INV574
Outstanding Balance Beginning This Period 0	Amount Incurred This Period 53	Payment This Period 0
		Outstanding Balance at Close of This Period 53

C Full Name (Last, First, Middle Initial) of Debtor or Creditor First Commonwealth Bank  Mailing Address PO Box 0537 City State ZIP Code Indiana PA 15701		Nature of Debt (Purpose): Finance Charge Bank Service Charge   Transaction ID: SD10-INV575
Outstanding Balance Beginning This Period 0	Amount Incurred This Period 26.01	Payment This Period 0
		Outstanding Balance at Close of This Period 26.01

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>114.96</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	

**SCHEDULE D**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)  
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 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  
 First Commonwealth Bank  
 Nature of Debt (Purpose):  
 Finance Charge Bank Service Charge

Mailing Address  
 PO Box 0537  
 City State ZIP Code  
 Indiana PA 15701  
 Outstanding Balance Beginning This Period Transaction ID: SD10-INV578  
 0  
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 19.06 0 19.06

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 First Commonwealth Bank  
 Nature of Debt (Purpose):  
 Finance Charge Bank Service Charge

Mailing Address  
 PO Box 0537  
 City State ZIP Code  
 Indiana PA 15701

Outstanding Balance Beginning This Period Transaction ID: SD10-INV578  
 0  
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 13.16 0 13.16

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 BP Oil  
 Nature of Debt (Purpose):  
 Gasoline Vehicle Expenses

Mailing Address  
 Street Required  
 City State ZIP Code  
 Bedford PA 15522  
 Outstanding Balance Beginning This Period Transaction ID: SD10-INV579  
 10  
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0 0 10

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>42.22</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)  
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 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 BP Oil  Mailing Address Street Required City State ZIP Code Bedford PA 15522		Nature of Debt (Purpose): Gasoline Vehicle Expenses   Transaction ID: SD10-INV580	
Outstanding Balance Beginning This Period 10	Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 10
B Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc  Mailing Address 5700 Sixth Avenue City State ZIP Code Altoona PA 16602		Nature of Debt (Purpose): Gasoline Vehicle Expenses   Transaction ID: SD10-INV581	
Outstanding Balance Beginning This Period 36.40	Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 36.40
C Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc  Mailing Address 5700 Sixth Avenue City State ZIP Code Altoona PA 16602		Nature of Debt (Purpose): Gasoline Vehicle Expenses   Transaction ID: SD10-INV582	
Outstanding Balance Beginning This Period 27	Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 27

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>73.40</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

A Full Name (Last, First, Middle Initial) of Debtor or Creditor Phillips Motel		Nature of Debt (Purpose): Lodging	
Mailing Address Route 15 Box 181			
City State ZIP Code Shamokin Dam PA 17876			
Outstanding Balance Beginning This Period 180.20	Transaction ID: SD10-INV583		
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 180.20	
B			
C			

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>180.20</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	<b>26761.56</b>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	



Form/Schedule: **SC/10**  
Transaction ID: **SC-LN2**

Candidate's Personal Funds

Form/Schedule: **SC/10**  
Transaction ID: **SC-LN4**

Candidate's Personal Funds