

Image# 14952598218

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Mr. William Shuster			2. Candidate's FEC Identification Number H2PA09035	
(b) Address (number and street) 455 Overlook Dr		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Hollidaysburg PA 16648		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate PA 09		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Bill Shuster for Congress		
(b) Address (number and street) PO BOX 27		
(c) City, State, and ZIP Code Hollidaysburg PA 16648		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Bill Shuster Victory Committee		
(b) Address (number and street) 228 S. Washington Street, Ste. 115		
(c) City, State, and ZIP Code Alexandria VA 22314		

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

Signature of Candidate Mr. William Shuster <i>[Electronically Filed]</i>	Date 11/21/2014
------------------------------------------------------------------------------------	--------------------

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

--	--	--	--	--	--	--	--	--