

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00364935
CITY **STATE** **ZIP CODE**
PA 09
3. **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**

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

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

5. Covering Period 04 03 2008 through 06 30 2008

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 09 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period:

From:

M	M
0	4

D	D
0	3

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	111550.00	710232.47
(b) Total Contribution Refunds (from Line 20(d)).....	.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	111550.00	709982.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	92764.98	506213.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	520.00	2343.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	92244.98	503870.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	267625.94	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Bill Shuster for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	3

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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).....

19100.00

328687.47

(ii) Unitemized.....

200.00

21345.00

(iii) TOTAL of contributions

19300.00

350032.47

from individuals..... ▶

.00

.00

(b) Political Party Committees.....

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

92250.00

360200.00

(d) The Candidate.....

.00

.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

111550.00

710232.47

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

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

.00

.00

13. LOANS

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

.00

.00

(b) All Other Loans.....

.00

30000.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

.00

30000.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

520.00

2343.35

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

.00

.00

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

112070.00

742575.82

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	92764.98	506213.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of all Other Loans.....	15000.00	30000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	15000.00	30000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	.00	250.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	250.00
21. OTHER DISBURSEMENTS.....	10300.00	30369.50
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	118064.98	566833.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	273620.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	112070.00
25. SUBTOTAL (add Line 23 and Line 24).....	385690.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	118064.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	267625.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Mrs. Madeleine Arison		Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 9999 Collins Ave Apt 15-GJ		Transaction ID: SA11Ai-CN6237
	City Bal Harbour	State FL	Zip Code 33154
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer None	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

B.	Full Name (Last, First, Middle Initial) James W Barner		Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 1020 Lycoming Rd		Transaction ID: SA11Ai-CN6239
	City Altoona	State PA	Zip Code 16602
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Altoona Regional Health Systems	Occupation President/CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00		

C.	Full Name (Last, First, Middle Initial) Richard C Barnett		Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 3504 Cummings Lane		Transaction ID: SA11Ai-CN6216
	City Chevy Chase	State MD	Zip Code 20815
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Kilpatrick Stockton LLP	Occupation Director of Government Relations-Atty	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
James F Bittner

Mailing Address 5042 Riverview Road

City State Zip Code
Everett PA 15537

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Snyder's Gateway Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

Transaction ID: SA11Ai-CN6196

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
John R Brimsek

Mailing Address 1201 Pennsylvania Ave NW
Fifth Floor

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
John R Brimsek PC Attorney At Law

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

Transaction ID: SA11Ai-CN6205

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Robert W Chamberlin, Esq

Mailing Address 3646 Cumberland St NW

City State Zip Code
Washington DC 20008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
McBee Strategic Consulting LLC Executive Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

Transaction ID: SA11Ai-CN6212

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) Michael A Clark</p> <p>Mailing Address 1201 Pennsylvania Avenue NW Suite 300</p> <p>City State Zip Code Washington DC 20004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MarkCorp Inc. President/Consultant</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8</p> <p>Transaction ID: SA11Ai-CN6225</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Andrew Clayton Fisher</p> <p>Mailing Address 1228 Murrayhill Avenue</p> <p>City State Zip Code Pittsburgh PA 15217</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CIM Investment Mgmt Inc President</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8</p> <p>Transaction ID: SA11Ai-CN6192</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Henry Fisher</p> <p>Mailing Address 5473 Kipling Road</p> <p>City State Zip Code Pittsburgh PA 15217</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Commonwealth Securities & Investments President</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8</p> <p>Transaction ID: SA11Ai-CN6191</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Thomas M Fulcher, Jr		Date of Receipt
	Mailing Address 5419 Cathedral Avenue NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11Ai-CN6213
Name of Employer Julien J. Studley Company		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Arthur G Greenberg		Date of Receipt
	Mailing Address 9801 Tibron Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11Ai-CN6218
Name of Employer Julien J. Studley Company		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Martin G Hamberger, Esq.		Date of Receipt
	Mailing Address 22601 Davis Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Sterling	VA	20164
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11Ai-CN6229
Name of Employer Self Employed		Occupation Attorney/Consultant	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) John Haschak		Date of Receipt MM / DD / YYYY 04 / 04 / 2008		
	Mailing Address 948 Frankstown Rd		Transaction ID: SA11Ai-CN6187		
	City Sidman	State PA	Zip Code 15955	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Leventry & Haschak LLC	Occupation Partner/Attorney			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00				

B.	Full Name (Last, First, Middle Initial) Dale N Krapf		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 220 Hunting Hill Ln		Transaction ID: SA11Ai-CN6255		
	City West Chester	State PA	Zip Code 19380	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Krapf Coaches	Occupation President			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00				

C.	Full Name (Last, First, Middle Initial) Lloyd R Lawrence, Jr		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 345 Patrick St S		Transaction ID: SA11Ai-CN6258		
	City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Bob Lawrence & Associates	Occupation President			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00				

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 80
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial) Richard J Leidl		Date of Receipt MM / DD / YYYY 04 / 22 / 2008
Mailing Address 7304 Durbin Terr		Transaction ID: SA11Ai-CN6210
City Bethesda	State Zip Code MD 20817	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Thelen Reid Brown Raysman & Steiner	Occupation Attorney/Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Neil I Levy		Date of Receipt MM / DD / YYYY 04 / 22 / 2008
Mailing Address 555 13th St NW Suite 420E		Transaction ID: SA11Ai-CN6219
City Washington	State Zip Code DC 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer King & Spalding LLP	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) David Lipson		Date of Receipt MM / DD / YYYY 04 / 22 / 2008
Mailing Address 4116 Woodbine St		Transaction ID: SA11Ai-CN6214
City Chevy Chase	State Zip Code MD 20815	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Julien J. Studley Company	Occupation Real Estate Development	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 80
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Rosemarie R McNew

Mailing Address 995 Black Gap Road

City Fayetteville State PA Zip Code 17222

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

Name of Employer Professional Inspection & Test Occupation President

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

2150.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: SA11Ai-CN6236

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Steven M Parrett, DDS

Mailing Address 99 St Paul's Dr

City Chambersburg State PA Zip Code 17201

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1550.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: SA11Ai-CN6189

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
David J Perlstein

Mailing Address 1555 Colonial Ter Unit 500

City Arlington State VA Zip Code 22209

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

Name of Employer Julien J. Studley Company Occupation Executive

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11Ai-CN6217

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 80
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Dr. Sohael M Raschid

Mailing Address 773 Rosewood Ct

City Chambersburg State PA Zip Code 17201

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

Name of Employer Women's Health Professionals Occupation OB/GYN Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1350.00

Date of Receipt 04 / 16 / 2008

Transaction ID: SA11Ai-CN6193

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Audrey G Ratner

Mailing Address 5150 Three Village Dr - #P-D

City Lyndhurst State OH Zip Code 44124

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

Name of Employer RMS Management Company Occupation Interior Design

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 30 / 2008

Transaction ID: SA11Ai-CN6263

Amount of Each Receipt this Period 2000.00

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

C.

Full Name (Last, First, Middle Initial)
Julie K Rayfield

Mailing Address 8180 Greensboro Dr

City Mc Lean State VA Zip Code 22102

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

Name of Employer Julien J. Studley Company Occupation Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 04 / 22 / 2008

Transaction ID: SA11Ai-CN6215

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial) Dana M Thompson		Date of Receipt MM / DD / YYYY 04 / 16 / 2008
Mailing Address 369 Canary Drive		Transaction ID: SA11Ai-CN6194
City Hollidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Housewife	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

B.

Full Name (Last, First, Middle Initial) Robert S Walker		Date of Receipt MM / DD / YYYY 04 / 22 / 2008
Mailing Address 643 Northfield Rd		Transaction ID: SA11Ai-CN6211
City Lititz	State PA	Zip Code 17543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Wexler & Walker PPA	Occupation Chairman - Former Congressman	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	19100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 80
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
ACRE

Mailing Address 4301 Wilson Boulevard

City State Zip Code
Arlington VA 22203

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11C-CN6220

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Air Line Pilots Association

Mailing Address 1625 Massachusetts Avenue NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11C-CN6246

Amount of Each Receipt this Period
2500.00

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

C.

Full Name (Last, First, Middle Initial)
Air Products Political Alliance

Mailing Address PO Box 441

City State Zip Code
Trexlerstown PA 18087

FEC ID number of contributing federal political committee. **C** C00127258

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11C-CN6227

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 80
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Aircraft Owners Pilots Association

Mailing Address 421 Aviation Way

City State Zip Code
Frederick MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11C-CN6232

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American Council of Engineering

Mailing Address 1015 15th Street NW Suite 802

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11C-CN6256

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Electric Power

Mailing Address 1 Riverside Plaza - 26th Floor
PO Box 16036

City State Zip Code
Columbus OH 43215

FEC ID number of contributing federal political committee. **C** C00096842

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11C-CN6197

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
American Hospital Association
Mailing Address 325 Seventh Street NW
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00106146
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 04 / 03 / 2008
Transaction ID: SA11C-CN6162
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Maritime Officers Voluntary
Mailing Address 2 West Dixie Highway
City Dania State FL Zip Code 33004
FEC ID number of contributing federal political committee. **C** C00027532
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 04 / 30 / 2008
Transaction ID: SA11C-CN6230
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Maritime Officers Voluntary
Mailing Address 2 West Dixie Highway
City Dania State FL Zip Code 33004
FEC ID number of contributing federal political committee. **C** C00027532
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 06 / 16 / 2008
Transaction ID: SA11C-CN6247
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 80
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
American Waterways Operators

Mailing Address 801 North Quincy Street
Suite 200

City Arlington State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11C-CN6259

Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
ARCADIS US Inc.

Mailing Address 630 Plaza Dr Suite 200

City Highlands Ranch State CO Zip Code 80129

FEC ID number of contributing federal political committee. **C** C00388983

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: MM / DD / YYYY
04 / 22 / 2008

Transaction ID: SA11C-CN6224

Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Associated General Contractors

Mailing Address 53 D St SE

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: MM / DD / YYYY
06 / 29 / 2008

Transaction ID: SA11C-CN6269

Amount of Each Receipt this Period: 4000.00

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

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 80
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Association of American Railroads

Mailing Address 50 F Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 04 / 22 / 2008
Transaction ID: SA11C-CN6207

Amount of Each Receipt this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
BAE Systems USA

Mailing Address 1300 17th St N Suite 1400

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11C-CN6254

Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 1155 21st St NW Suite 300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00285098

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 06 / 16 / 2008
Transaction ID: SA11C-CN6245

Amount of Each Receipt this Period: 2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5500.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
BNSF Rail

Mailing Address 500 New Jersey Ave NW
Suite 550

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11C-CN6233

Amount of Each Receipt this Period
3000.00

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

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

Mailing Address 1200 Wilson Boulevard

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11C-CN6251

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 101 Constitution Avenue NW
Suite 500 East

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11C-CN6195

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Coal

Mailing Address 101 Constitution Avenue NW
Suite 500 East

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 3 / 2 0 0 8

Transaction ID: SA11C-CN6241

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Constellation Energy Group Inc

Mailing Address 750 E Pratt Street Fifth Floor
PO Box 1475

City Baltimore State MD Zip Code 21202

FEC ID number of contributing federal political committee. **C** C00041376

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11C-CN6200

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
CSX Corp Good Govt Fund

Mailing Address 1331 Pennsylvania Avenue NW
Suite 560 National Place

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11C-CN6208

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 80
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Edison International

Mailing Address 2244 Walnut Grove Avenue

City State Zip Code
Rosemead CA 91770

FEC ID number of contributing federal political committee. **C** C00019653

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: SA11C-CN6267

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Exelon Corporation

Mailing Address PO Box 805379

City State Zip Code
Chicago IL 60680

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2008

Transaction ID: SA11C-CN6199

Amount of Each Receipt this Period
5000.00

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

C.

Full Name (Last, First, Middle Initial)
Exxon Mobil Corporation

Mailing Address 5959 Las Colinas Blvd

City State Zip Code
Irving TX 75039

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2008

Transaction ID: SA11C-CN6234

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 80
	<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	

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) Federal Express		Date of Receipt
	Mailing Address 942 S Shady Grove Road		<input type="checkbox"/> 04 / <input type="checkbox"/> 22 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Memphis	TN	38120
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C-CN6201
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	5000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Foley & Lardner Political Fund Inc.		Date of Receipt
	Mailing Address 3000 K St NW Suite 500		<input type="checkbox"/> 04 / <input type="checkbox"/> 22 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Washington	DC	20007
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C-CN6206
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Food Marketing Institute		Date of Receipt
	Mailing Address 50 F St NW Suite 600		<input type="checkbox"/> 04 / <input type="checkbox"/> 22 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C-CN6198
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 23 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
General Electric Company

Mailing Address 1299 Pennsylvania Avenue NW
Suite 1100

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 9 / 2 0 0 8

Transaction ID: SA11C-CN6238

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Grand Trunk Rail-Illinois Central

Mailing Address 601 Pennsylvania Avenue NW
Suite 500 North Building

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 8

Transaction ID: SA11C-CN6235

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1101 14th St NW
Suite 750

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00215129

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11C-CN6221

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 80
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Honeywell International

Mailing Address 1001 Pennsylvania Avenue NW
Suite 500 W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11C-CN6204

Amount of Each Receipt this Period
2500.00

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

B.

Full Name (Last, First, Middle Initial)
International Assoc Of Firefighters

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11C-CN6264

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Joy Global Inc

Mailing Address PO Box 554

City Milwaukee State WI Zip Code 53201

FEC ID number of contributing federal political committee. **C** C00232546

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: SA11C-CN6244

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4500.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees'

Mailing Address 1550 Crystal Dr
Crystal Square Two - Suite 300

City Arlington State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11C-CN6253

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1600 Duke Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11C-CN6203

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers

Mailing Address 1325 Massachusetts Avenue NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11C-CN6252

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 80
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
National Association Of Broadcasters
Mailing Address 1771 N St NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11C-CN6226

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
National Community Pharmacists Assoc
Mailing Address 100 Daingerfield Rd

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11C-CN6261

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
National Emergency Medicine
Mailing Address 2121 K St NW - Suite 325

City State Zip Code
Washington DC 20037

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11C-CN6265

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
National Ocean Industries Association
Mailing Address 1120 G St NW - Suite 900

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00409565

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11C-CN6260
 Amount of Each Receipt this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
National Ready Mixed Concrete Assoc
Mailing Address 900 Spring Street

City Silver Spring State MD Zip Code 20910

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 06 / 20 / 2008
Transaction ID: SA11C-CN6250
 Amount of Each Receipt this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
NATSO
Mailing Address 1737 King Street Suite 200

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11C-CN6262
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Norfolk Southern Corp Good Govt Fund

Mailing Address Three Commerical Place

City State Zip Code
Norfolk VA 23510

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11C-CN6209

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address 1605 King Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11C-CN6249

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Oshkosh Corporation Employees

Mailing Address PO Box 2566

City State Zip Code
Oshkosh WI 54903

FEC ID number of contributing federal political committee. **C** C00304477

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11C-CN6202

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 80
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Owner Operator Independent Drivers

Mailing Address 1101 30th Street NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: SA11C-CN6231
Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Penske Truck Leasing Co LP

Mailing Address Route 10 Green Hills
PO Box 563

City Reading State PA Zip Code 19603

FEC ID number of contributing federal political committee. **C** C00373217

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: SA11C-CN6228
Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Professionals PAC HDR Inc

Mailing Address 8404 Indian Hills Dr

City Omaha State NE Zip Code 68114

FEC ID number of contributing federal political committee. **C** C00103903

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 16 / 2008
Transaction ID: SA11C-CN6248
Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Spectra DCP
Mailing Address 5400 Westheimer Ct
City Houston State TX Zip Code 77056
FEC ID number of contributing federal political committee. **C** C00429662
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 06 / 30 / 2008
Transaction ID: SA11C-CN6257
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Sun
Mailing Address 1101 Pennsylvania Ave NW Suite 510
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00025346
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 05 / 23 / 2008
Transaction ID: SA11C-CN6243
Amount of Each Receipt this Period 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Taxicab Limousine & Paratransit
Mailing Address 3849 Farragut Avenue
City Kensington State MD Zip Code 20895
FEC ID number of contributing federal political committee. **C** C00132480
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 04 / 22 / 2008
Transaction ID: SA11C-CN6222
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 31 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Thelen Reid Brown Raysman Steiner

Mailing Address 701 Eighth Street NW
Suite 800

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00248641

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 04 / 22 / 2008
Transaction ID: SA11C-CN6223
 Amount of Each Receipt this Period: 250.00

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

B. Full Name (Last, First, Middle Initial)
Union Pacific Corp FFEG

Mailing Address 600 Thirteenth Street NW
Suite 340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 05 / 23 / 2008
Transaction ID: SA11C-CN6240
 Amount of Each Receipt this Period: 2500.00

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

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

Mailing Address 55 Glenlake Parkway NE

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 05 / 23 / 2008
Transaction ID: SA11C-CN6242
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 80
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
UPS

Mailing Address 55 Glenlake Parkway NE

City State Zip Code
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11C-CN6268

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	92250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 80
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
State Farm Insurance

Mailing Address 715 Lexington Avenue

City State Zip Code
Altoona PA 16601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 287.66

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA14-ER83

Amount of Each Receipt this Period
259.00

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

B. Full Name (Last, First, Middle Initial)
State Farm Insurance

Mailing Address 715 Lexington Avenue

City State Zip Code
Altoona PA 16601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 495.66

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA14-ER84

Amount of Each Receipt this Period
208.00

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

C. Full Name (Last, First, Middle Initial)
State Farm Insurance

Mailing Address 715 Lexington Avenue

City State Zip Code
Altoona PA 16601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 546.66

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA14-ER85

Amount of Each Receipt this Period
51.00

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

SUBTOTAL of Receipts This Page (optional) ► **518.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 80	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial) State Farm Insurance		Date of Receipt
Mailing Address 715 Lexington Avenue		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
City	State	Zip Code
Altoona	PA	16601
FEC ID number of contributing federal political committee.		Transaction ID: SA14-ER86
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2.00"/>
Name of Employer	Occupation	Expenditure Refund
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="548.66"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="520.00"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
S&T Bank

Transaction ID: SB19B-LP79
Date of Disbursement

Mailing Address Commercial Lending
208 West Plank Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

0.00

Purpose of Disbursement
Repay Loan

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Interest only payment

State: District:

B.

Full Name (Last, First, Middle Initial)
S&T Bank

Transaction ID: SB19B-LP80
Date of Disbursement

Mailing Address Commercial Lending
208 West Plank Road

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	8

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
Repay Loan

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Interest & Principal Pmt

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

15000.00

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

15000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) S&T Bank</p> <p>Mailing Address Commercial Lending 208 West Plank Road</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Loan interest Expenditure</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-LP79</p> <p>Date of Disbursement 04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 67.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Interest only payment</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) S&T Bank</p> <p>Mailing Address Commercial Lending 208 West Plank Road</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Loan interest Expenditure</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-LP80</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 62.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Interest & Principal Pmt</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 525 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Postage Permit 01</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5423</p> <p>Date of Disbursement 05 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 175.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Postage Permit 01</p>

SUBTOTAL of Disbursements This Page (optional) ▶

305.32

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) US Postal Service	Transaction ID: SB17-EX5481 Date of Disbursement 05 / 27 / 2008
	Mailing Address 525 Allegheny Street	Amount of Each Disbursement this Period 42.00
	City Hollidaysburg State PA Zip Code 16648	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Postage
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001

B.	Full Name (Last, First, Middle Initial) US Postal Service	Transaction ID: SB17-EX5521 Date of Disbursement 06 / 30 / 2008
	Mailing Address 525 Allegheny Street	Amount of Each Disbursement this Period 16.80
	City Hollidaysburg State PA Zip Code 16648	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Postage
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001

C.	Full Name (Last, First, Middle Initial) The Tarrance Group Inc.	Transaction ID: SB17-EX5504 Date of Disbursement 06 / 30 / 2008
	Mailing Address 201 North Union Street Suite 410	Amount of Each Disbursement this Period 10343.00
	City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Survey Voter Attitudes
	Purpose of Disbursement Survey Voter Attitudes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 005

SUBTOTAL of Disbursements This Page (optional)	▶	10401.80
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Ciocca Benton & Okonak P.C.

Mailing Address 912 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Accounting services
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17-EX5459
Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

6460.00

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

Accounting services

B.

Full Name (Last, First, Middle Initial)
The Orchards

Mailing Address 1580 Orchard Drive

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
Catering for fundraiser
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17-EX5480
Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

3148.96

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

Catering for fundraiser

C.

Full Name (Last, First, Middle Initial)
Altoona Mirror

Mailing Address PO Box 2008
301 Cayuga Ave

City Altoona State PA Zip Code 16603

Purpose of Disbursement
6 x 3 Print Ad
Candidate Name

004
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17-EX5464
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

275.00

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

6 x 3 Print Ad

SUBTOTAL of Disbursements This Page (optional) ▶

9883.96

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 660748</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5380</p> <p>Date of Disbursement 04 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 170.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Telephone</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 660748</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5419</p> <p>Date of Disbursement 05 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 171.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Telephone</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 660748</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5491</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 170.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Telephone</p>

SUBTOTAL of Disbursements This Page (optional) ▶

512.68

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

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) State Farm Insurance</p> <p>Mailing Address 715 Lexington Avenue</p> <p>City Altoona State PA Zip Code 16601</p> <p>Purpose of Disbursement Business Policy 98-KS-1596-0</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX5399</p> <p>Date of Disbursement 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Business Policy 98-KS-159-6-0</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) State Farm Insurance</p> <p>Mailing Address 715 Lexington Avenue</p> <p>City Altoona State PA Zip Code 16601</p> <p>Purpose of Disbursement Workers compensation policy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX5411</p> <p>Date of Disbursement 05 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 208.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Workers compensation poli-cy</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) State Farm Insurance</p> <p>Mailing Address 715 Lexington Avenue</p> <p>City Altoona State PA Zip Code 16601</p> <p>Purpose of Disbursement Eagle Summit Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX5412</p> <p>Date of Disbursement 05 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 208.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Eagle Summit Insurance</p>

SUBTOTAL of Disbursements This Page (optional) ▶

716.82

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Shari Frankhauser

Transaction ID: SB17-EX5387
Date of Disbursement

Mailing Address 2324 Fourth Street

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	8

City Altoona State PA Zip Code 16601

Amount of Each Disbursement this Period

181.80

Purpose of Disbursement
Mileage reimbursement
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Mileage reimbursement

B.

Full Name (Last, First, Middle Initial)
Sheetz Inc

Transaction ID: SB17-EX5435
Date of Disbursement

Mailing Address 5700 Sixth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

43.05

Purpose of Disbursement
Gasoline
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Gasoline

C.

Full Name (Last, First, Middle Initial)
Sheetz Inc

Transaction ID: SB17-EX5436
Date of Disbursement

Mailing Address 5700 Sixth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

30.58

Purpose of Disbursement
Gasoline
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Gasoline

SUBTOTAL of Disbursements This Page (optional)

255.43

TOTAL This Period (last page this line number only)

--

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) Sheetz Inc</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5487</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 46.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Gasoline</p>
<p>B. Full Name (Last, First, Middle Initial) PA UC Fund</p> <p>Mailing Address PO Box 68568</p> <p>City Harrisburg State PA Zip Code 17106</p> <p>Purpose of Disbursement 1st quarter 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5404</p> <p>Date of Disbursement 04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 86.93</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>1st quarter 2008</p>
<p>C. Full Name (Last, First, Middle Initial) Marlene Bendon</p> <p>Mailing Address 2502 Quail Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Thank you cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5509</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Thank you cards</p>

SUBTOTAL of Disbursements This Page (optional) ▶

143.23

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
The Dream Restaurant

Mailing Address 1500 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Meal

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5479
Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

14.00

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

Meal

B.

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

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Meal

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5396
Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

45.12

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

Meal

C.

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

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Campaign meeting

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5401
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

325.48

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

Campaign meeting

SUBTOTAL of Disbursements This Page (optional)

384.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5429</p> <p>Date of Disbursement 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 16.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Meals</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Fundraiser meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5421</p> <p>Date of Disbursement 05 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 91.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Fundraiser meal</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Fundraising meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5422</p> <p>Date of Disbursement 05 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 165.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Fundraising meals</p>

SUBTOTAL of Disbursements This Page (optional)	273.92
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)

Capitol Hill Club

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Various banquets

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5461

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

1073.30

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

Various banquets

B.

Full Name (Last, First, Middle Initial)

Capitol Hill Club

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
One on One Fundraiser

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5453

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

78.53

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

One on One Fundraiser

C.

Full Name (Last, First, Middle Initial)

Capitol Hill Club

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Meal

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5473

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

43.17

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

Meal

SUBTOTAL of Disbursements This Page (optional) ▶

1195.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Various Meals Candidate Name 002 Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX513 Date of Disbursement 06 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 278.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Various Meals
B.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Meals Candidate Name 002 Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX506 Date of Disbursement 06 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 36.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Meals
C.	Full Name (Last, First, Middle Initial) UPS <hr/> Mailing Address PO Box 7247-0244 <hr/> City Philadelphia State PA Zip Code 19170 <hr/> Purpose of Disbursement Overnight charges Candidate Name 001 Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX5409 Date of Disbursement 05 / 09 / 2008 <hr/> Amount of Each Disbursement this Period 304.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Overnight charges

SUBTOTAL of Disbursements This Page (optional) ▶	620.03
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) UPS <hr/> Mailing Address PO Box 7247-0244 <hr/> City Philadelphia State PA Zip Code 19170 <hr/> Purpose of Disbursement Overnight Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5410 Date of Disbursement 05 / 09 / 2008 <hr/> Amount of Each Disbursement this Period 33.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Overnight Charges
B.	Full Name (Last, First, Middle Initial) UPS <hr/> Mailing Address PO Box 7247-0244 <hr/> City Philadelphia State PA Zip Code 19170 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5452 Date of Disbursement 05 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 26.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Postage
C.	Full Name (Last, First, Middle Initial) Hilton Harrisburg and Towers <hr/> Mailing Address One North Second Street <hr/> City Harrisburg State PA Zip Code 17101 <hr/> Purpose of Disbursement Meal-Market Square Cafe Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5519 Date of Disbursement 06 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 54.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Meal-Market Square Cafe

SUBTOTAL of Disbursements This Page (optional) ▶

114.34

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 48 / 80

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
The Capital Grille

Mailing Address 601 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Catering for Fundraiser

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5484
Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

1800.00

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

Catering for Fundraiser

B.

Full Name (Last, First, Middle Initial)
IS2 Technologies Inc.

Mailing Address 3018 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Installation of Antivirus software

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5469
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

75.00

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

Installation of Antivirus software

C.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address Market Street

City Philadelphia State PA Zip Code 19019

Purpose of Disbursement
Train

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5514
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

99.00

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

Train

SUBTOTAL of Disbursements This Page (optional) ▶

1974.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: SB17-EX5468
Date of Disbursement

Mailing Address PO Box 360002

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

City State Zip Code
Fort Lauderdale FL 33335

Amount of Each Disbursement this Period

306.01

Purpose of Disbursement
Campaign Camera

001

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

Campaign Camera

State: District:

B.

Full Name (Last, First, Middle Initial)
The Duquesne Club

Transaction ID: SB17-EX5415
Date of Disbursement

Mailing Address PO Box 387

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

City State Zip Code
Pittsburgh PA 15230

Amount of Each Disbursement this Period

1188.63

Purpose of Disbursement
Catering for fundraiser

003

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

Catering for fundraiser

State: District:

C.

Full Name (Last, First, Middle Initial)
Bistro Bis (Hotel George)

Transaction ID: SB17-EX5527
Date of Disbursement

Mailing Address 15 E Street Northwest

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

City State Zip Code
Washington DC 20001

Amount of Each Disbursement this Period

843.50

Purpose of Disbursement
Fundraiser catering

003

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

Fundraiser catering

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

2338.14

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

--

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Blair Candy Company Inc.

Mailing Address 1215 Seventh Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Supplies for parade

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5443
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

144.00

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

Supplies for parade

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5400
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

544.81

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

Telephone

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5447
Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

572.02

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

Telephone

SUBTOTAL of Disbursements This Page (optional)

1260.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 25505

City State Zip Code
Lehigh Valley PA 18002

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5493
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

607.44

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

Telephone

B.

Full Name (Last, First, Middle Initial)
DSK Consultants

Mailing Address 530 Garber Street

City State Zip Code
Hollidaysburg PA 16648

Purpose of Disbursement
Fundraising commission

Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5383
Date of Disbursement

04 / 08 / 2008

Amount of Each Disbursement this Period

5033.00

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

Fundraising commission

C.

Full Name (Last, First, Middle Initial)
DSK Consultants

Mailing Address 530 Garber Street

City State Zip Code
Hollidaysburg PA 16648

Purpose of Disbursement
Quarterly retainer for fundraising

Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5384
Date of Disbursement

04 / 08 / 2008

Amount of Each Disbursement this Period

3000.00

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

Quarterly retainer for fundraising

SUBTOTAL of Disbursements This Page (optional) ▶

8640.44

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

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) DSK Consultants</p> <p>Mailing Address 530 Garber Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Fundraising expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5385</p> <p>Date of Disbursement 04 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 288.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Fundraising expenses</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ATLANTIC broadband</p> <p>Mailing Address Box 371801</p> <p>City Pittsburgh State PA Zip Code 15250</p> <p>Purpose of Disbursement Internet service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5379</p> <p>Date of Disbursement 04 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 109.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Internet service</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ATLANTIC broadband</p> <p>Mailing Address Box 371801</p> <p>City Pittsburgh State PA Zip Code 15250</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5389</p> <p>Date of Disbursement 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 56.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Internet Service</p>

SUBTOTAL of Disbursements This Page (optional) ▶

454.01

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) ATLANTIC broadband	Transaction ID: SB17-EX5413
	Mailing Address Box 371801	Date of Disbursement 05 / 09 / 2008
	City Pittsburgh State PA Zip Code 15250	Amount of Each Disbursement this Period 109.15
	Purpose of Disbursement Internet service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001 Internet service
B.	Full Name (Last, First, Middle Initial) ATLANTIC broadband	Transaction ID: SB17-EX5450
	Mailing Address Box 371801	Date of Disbursement 05 / 27 / 2008
	City Pittsburgh State PA Zip Code 15250	Amount of Each Disbursement this Period 56.72
	Purpose of Disbursement Internet Service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001 Internet Service
C.	Full Name (Last, First, Middle Initial) ATLANTIC broadband	Transaction ID: SB17-EX5465
	Mailing Address Box 371801	Date of Disbursement 06 / 11 / 2008
	City Pittsburgh State PA Zip Code 15250	Amount of Each Disbursement this Period 109.15
	Purpose of Disbursement Internet Service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001 Internet Service

SUBTOTAL of Disbursements This Page (optional)	▶	275.02
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
ATLANTIC broadband

Mailing Address Box 371801

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement
Internet Service
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17-EX5490
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

56.72

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

Internet Service

B.

Full Name (Last, First, Middle Initial)
CenPenn Realty LLC

Mailing Address 513 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
May 2008 rent
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17-EX5402
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

500.00

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

May 2008 rent

C.

Full Name (Last, First, Middle Initial)
CenPenn Realty LLC

Mailing Address 513 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
June 2008 rent
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17-EX5456
Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

500.00

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

June 2008 rent

SUBTOTAL of Disbursements This Page (optional)

1056.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
CenPenn Realty LLC

Mailing Address 513 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
July 2008 rent
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17-EX5510
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

500.00

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

July 2008 rent

B.

Full Name (Last, First, Middle Initial)
The Blairmont Club

Mailing Address 145 Larch Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Catering for Fundraiser
Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17-EX5445
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

2634.62

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

Catering for Fundraiser

C.

Full Name (Last, First, Middle Initial)
Jim Frank

Mailing Address 1628 St. Francis Lane

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Mileage reimbursement
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17-EX5386
Date of Disbursement

04 / 08 / 2008

Amount of Each Disbursement this Period

404.84

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

Mileage reimbursement

SUBTOTAL of Disbursements This Page (optional)

3539.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) S&T Bank	Transaction ID: SB17-EX5407
	Mailing Address 1100 Logan Blvd	Date of Disbursement 05 / 01 / 2008
	City Altoona State PA Zip Code 16602	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement Bank Service Charge Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Service Charge

B.	Full Name (Last, First, Middle Initial) S&T Bank	Transaction ID: SB17-EX5472
	Mailing Address 1100 Logan Blvd	Date of Disbursement 06 / 02 / 2008
	City Altoona State PA Zip Code 16602	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement Bank Service Charge Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Service Charge

C.	Full Name (Last, First, Middle Initial) Jeffrey Loveng	Transaction ID: SB17-EX5454
	Mailing Address 228 W. Windsor Avenue	Date of Disbursement 05 / 27 / 2008
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period 39.40
	Purpose of Disbursement Taxi and Tips Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 002
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Taxi and Tips

SUBTOTAL of Disbursements This Page (optional)	89.40
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) e2c consulting Inc.</p> <p>Mailing Address PO Box 29576</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Fundraising Consulting Fee - May 08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5403</p> <p>Date of Disbursement 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Fundraising Consulting Fee - May 08</p>
<p>B. Full Name (Last, First, Middle Initial) e2c consulting Inc.</p> <p>Mailing Address PO Box 29576</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Fundraising Consulting Fee - Jun 08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5455</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Fundraising Consulting Fee - Jun 08</p>
<p>C. Full Name (Last, First, Middle Initial) e2c consulting Inc.</p> <p>Mailing Address PO Box 29576</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Fundraising Consulting Fee - Jul 08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5511</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Fundraising Consulting Fee - Jul 08</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) McIntyre's Candies</p> <p>Mailing Address 1419 Eleventh Avenue</p> <p>City Altoona State PA Zip Code 16601</p> <p>Purpose of Disbursement Gift Baskets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5451</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Gift Baskets</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Indiana County FOP #33</p> <p>Mailing Address PO Box 142</p> <p>City Indiana State PA Zip Code 15701</p> <p>Purpose of Disbursement Country Music Show Ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5507</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 127.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Country Music Show Ad</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) S&T Bank - Payroll</p> <p>Mailing Address 1100 Logan Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement PA Telfile 1st quarter 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5417</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 44.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PA Telfile 1st quarter 20-08</p>

SUBTOTAL of Disbursements This Page (optional) ▶

371.80

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) S&T Bank - Payroll</p> <p>Mailing Address 1100 Logan Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement EFTPS - April 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5416</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 26.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EFTPS - April 2008</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) S&T Bank - Payroll</p> <p>Mailing Address 1100 Logan Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement EFTPS - May 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5460</p> <p>Date of Disbursement 05 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 26.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EFTPS - May 2008</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Geppetto Catering Inc</p> <p>Mailing Address 4505 Queensbury Rd</p> <p>City Riverdale State MD Zip Code 20737</p> <p>Purpose of Disbursement Catering for fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5446</p> <p>Date of Disbursement 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 832.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Catering for fundraiser</p>

SUBTOTAL of Disbursements This Page (optional) ▶

886.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17-EX5408 Date of Disbursement 05 / 09 / 2008
	Mailing Address PO Box 6463	Amount of Each Disbursement this Period 139.18
	City Carol Stream State IL Zip Code 60197	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone
	Purpose of Disbursement Telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17-EX5448 Date of Disbursement 05 / 27 / 2008
	Mailing Address PO Box 6463	Amount of Each Disbursement this Period 155.57
	City Carol Stream State IL Zip Code 60197	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone
	Purpose of Disbursement Telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17-EX5492 Date of Disbursement 06 / 30 / 2008
	Mailing Address PO Box 6463	Amount of Each Disbursement this Period 130.66
	City Carol Stream State IL Zip Code 60197	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone
	Purpose of Disbursement Telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

425.41

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

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Bedford Springs Resort	Transaction ID: SB17-EX5475 Date of Disbursement 05 / 27 / 2008
	Mailing Address ATTN: Accounts Receivable PO Box 639	Amount of Each Disbursement this Period 169.91
	City Bedford State PA Zip Code 15522	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Meeting Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Campaign Meeting

B.	Full Name (Last, First, Middle Initial) Bedford Springs Resort	Transaction ID: SB17-EX5476 Date of Disbursement 05 / 27 / 2008
	Mailing Address ATTN: Accounts Receivable PO Box 639	Amount of Each Disbursement this Period 237.16
	City Bedford State PA Zip Code 15522	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraiser lodging Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Fundraiser lodging

C.	Full Name (Last, First, Middle Initial) Jeremy Shoemaker	Transaction ID: SB17-EX5498 Date of Disbursement 06 / 30 / 2008
	Mailing Address 613 Lincoln Way West	Amount of Each Disbursement this Period 554.11
	City Chambersburg State PA Zip Code 17201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage reimbursement Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Mileage reimbursement

SUBTOTAL of Disbursements This Page (optional)	961.18
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Loews Philadelphia Hotel

Mailing Address 1200 Market Street

City Philadelphia State PA Zip Code 19107

Purpose of Disbursement
Lodging for fundraiser

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5434
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

195.40

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

Lodging for fundraiser

B.

Full Name (Last, First, Middle Initial)
Meghan L Johnson

Mailing Address 301 Maple Hollow Road

City Duncansville State PA Zip Code 16635

Purpose of Disbursement
Payroll 4/1/2008 to 4/30/2008

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5406
Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

150.00

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

Payroll 4/1/2008 to 4/30/-2008

C.

Full Name (Last, First, Middle Initial)
Meghan L Johnson

Mailing Address 301 Maple Hollow Road

City Duncansville State PA Zip Code 16635

Purpose of Disbursement
Payroll 5/1/2008 to 5/31/2008

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5458
Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

150.00

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

Payroll 5/1/2008 to 5/31/-2008

SUBTOTAL of Disbursements This Page (optional) ▶

495.40

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Meghan L Johnson

Mailing Address 301 Maple Hollow Road

City Duncansville State PA Zip Code 16635

Purpose of Disbursement
Mileage reimbursement
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17-EX5470
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

26.77

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

Mileage reimbursement

B.

Full Name (Last, First, Middle Initial)
Meghan L Johnson

Mailing Address 301 Maple Hollow Road

City Duncansville State PA Zip Code 16635

Purpose of Disbursement
Payroll 6/1/2008 to 6/30/2008
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17-EX5489
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

150.00

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

Payroll 6/1/2008 to 6/30/-2008

C.

Full Name (Last, First, Middle Initial)
Freedmpay Inc

Mailing Address 565 E. Swedesford Road Suite 100

City Wayne State PA Zip Code 19087

Purpose of Disbursement
Meals
Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17-EX5474
Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

54.00

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

Meals

SUBTOTAL of Disbursements This Page (optional)

230.77

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Ronald Nocco

Mailing Address 1416 Philadelphia Street

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Meal Expense reimbursement

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5420
Date of Disbursement

05 / 13 / 2008

Amount of Each Disbursement this Period

289.94

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

Meal Expense reimbursement

B.

Full Name (Last, First, Middle Initial)
Ronald Nocco

Mailing Address 1416 Philadelphia Street

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Flowers expense

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5505
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

47.70

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

Flowers expense

C.

Full Name (Last, First, Middle Initial)
Meineke Car Care Center

Mailing Address 304 Logan Blvd - Lakemont

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Campaign car repairs

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5427
Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

481.37

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

Campaign car repairs

SUBTOTAL of Disbursements This Page (optional) ▶

819.01

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Omni Hotels Shoreham

Mailing Address 2500 Calvert Street NW

City Washington State DC Zip Code 20008

Purpose of Disbursement
Lodging for FEC conference

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5430

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

734.00

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

Lodging for FEC conference

B.

Full Name (Last, First, Middle Initial)
Campbell Holste Inc.

Mailing Address 140 Littleton Road Suite 320

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement
Web Campaign set up fee

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5449

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

20000.00

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

Web Campaign set up fee

C.

Full Name (Last, First, Middle Initial)
Campbell Holste Inc.

Mailing Address 140 Littleton Road Suite 320

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement
June consulting services

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5495

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

4000.00

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

June consulting services

SUBTOTAL of Disbursements This Page (optional)

24734.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Campbell Holste Inc.

Transaction ID: SB17-EX5496
Date of Disbursement

Mailing Address 140 Littleton Road Suite 320

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

City Parsippany State NJ Zip Code 07054

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
July consulting service
Candidate Name

003

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

July consulting service

B.

Full Name (Last, First, Middle Initial)
Campbell Holste Inc.

Transaction ID: SB17-EX5497
Date of Disbursement

Mailing Address 140 Littleton Road Suite 320

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

City Parsippany State NJ Zip Code 07054

Amount of Each Disbursement this Period

165.42

Purpose of Disbursement
Web advertising/Domain names
Candidate Name

004

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Web advertising/Domain names

C.

Full Name (Last, First, Middle Initial)
Embassy Suites

Transaction ID: SB17-EX5515
Date of Disbursement

Mailing Address 1776 Benjamin Franklin Park

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

City Philadelphia State PA Zip Code 19103

Amount of Each Disbursement this Period

290.09

Purpose of Disbursement
Lodging for Fundraiser
Candidate Name

002

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Lodging for Fundraiser

SUBTOTAL of Disbursements This Page (optional)

4455.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 80

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Embassy Suites

Mailing Address 1776 Benjamin Franklin Park

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Lodging for Fundraiser

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5526
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

307.93

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

Lodging for Fundraiser

B.

Full Name (Last, First, Middle Initial)
GoDaddy.Com

Mailing Address 14455 N. Hayden Rd Ste 219

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
Domain name

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5528
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

216.00

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

Domain name

SUBTOTAL of Disbursements This Page (optional) ►

523.93

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

91252.95

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) William Shuster	Transaction ID: SB21-EX5395 Date of Disbursement 04 / 16 / 2008
	Mailing Address 9 Overlook Drive	Amount of Each Disbursement this Period 45.00
	City Hollidaysburg State PA Zip Code 16648	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Expense reimbursement-tickets Candidate Name William Shuster Category/Type 012	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	Expense reimbursement-tickets
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) William Shuster	Transaction ID: SB21-EX5466 Date of Disbursement 06 / 11 / 2008
	Mailing Address 9 Overlook Drive	Amount of Each Disbursement this Period 120.00
	City Hollidaysburg State PA Zip Code 16648	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 2 Dinner tickets Candidate Name William Shuster Category/Type 012	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	2 Dinner tickets
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Perry Co Republican Committee	Transaction ID: SB21-EX5471 Date of Disbursement 06 / 11 / 2008
	Mailing Address PO Box 303	Amount of Each Disbursement this Period 100.00
	City New Bloomfield State PA Zip Code 17068	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Annual Picnic & Auction Candidate Name Category/Type 012	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Annual Picnic & Auction
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	265.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Cumberland Co Republican Comm

Mailing Address PO Box 1155

City Carlisle State PA Zip Code 17013

Purpose of Disbursement
Spring Stampede ticket
Candidate Name

012
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB21-EX5388
Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

125.00

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

Spring Stampede ticket

B. Full Name (Last, First, Middle Initial)
Somerset Co Republican Comm

Mailing Address Chairman Bob Bastian
PO Box 401

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Spring Dinner
Candidate Name

012
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB21-EX5382
Date of Disbursement

04 / 08 / 2008

Amount of Each Disbursement this Period

100.00

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

Spring Dinner

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

Mailing Address 334 W Main Street
PO Box 638

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Fireworks Sponsor
Candidate Name

012
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB21-EX5457
Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

2000.00

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

Fireworks Sponsor

SUBTOTAL of Disbursements This Page (optional)

2225.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Indiana County Head Start Inc

Mailing Address 528 Gompers Avenue

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Golfing Fee

Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21-EX5512
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

75.00

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

Golfing Fee

B.

Full Name (Last, First, Middle Initial)
Indiana County Head Start Inc

Mailing Address 528 Gompers Avenue

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Flag Sponsorship

Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21-EX5503
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

50.00

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

Flag Sponsorship

C.

Full Name (Last, First, Middle Initial)
Bedford County CCHL

Mailing Address c/o Pam Lucas
262 Zion Road

City Everett State PA Zip Code 15537

Purpose of Disbursement
Gold Sponsor

Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21-EX5390
Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

100.00

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

Gold Sponsor

SUBTOTAL of Disbursements This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Kiwanis Club Of Altoona

Mailing Address Jim Carothers
524 E. Fairview Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Silver Sponsor - Pancake Day
Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB21-EX5394
Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

125.00

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

Silver Sponsor - Pancake Day

B.

Full Name (Last, First, Middle Initial)
Friends Of Wayne Hippo

Mailing Address PO Box 550

City Altoona State PA Zip Code 16603

Purpose of Disbursement
Primary Election contribution
Candidate Name
Friends Of Wayne Hippo

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB21-EX5418
Date of Disbursement

05 / 13 / 2008

Amount of Each Disbursement this Period

1000.00

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

Primary Election contribu-
tion

C.

Full Name (Last, First, Middle Initial)
Citizens To Elect Hess State Representative

Mailing Address PO Box 319

City Bedford State PA Zip Code 15522

Purpose of Disbursement
Annual Pig Roast
Candidate Name
Citizens To Elect Hess State Representative

012
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB21-EX5508
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

200.00

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

Annual Pig Roast

SUBTOTAL of Disbursements This Page (optional)

1325.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Phoenix R. Barlup Memorial Fund

Transaction ID: SB21-EX5381
Date of Disbursement

Mailing Address c/o Erin E. Barlup
1614 Wenger Way

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	8

City Chambersburg State PA Zip Code 17201

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement
Memorial donation

012
Category/
Type

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

Candidate Name

Memorial donation

Office Sought: House Senate President
Disbursement For: 2008 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Blair/Bedford Builders Association

Transaction ID: SB21-EX5392
Date of Disbursement

Mailing Address 101 Allegheny Street

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	8

City Hollidaysburg State PA Zip Code 16648

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement
Hole/Tee Sponsor

012
Category/
Type

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

Candidate Name

Hole/Tee Sponsor

Office Sought: House Senate President
Disbursement For: 2008 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Fayette Co Assoc Of Twp Supervisors

Transaction ID: SB21-EX5393
Date of Disbursement

Mailing Address Leigh Klink
PO Box 87

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	8

City New Salem State PA Zip Code 15468

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
Educational Conference donation

012
Category/
Type

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

Candidate Name

Educational Conference do-
nation

Office Sought: House Senate President
Disbursement For: 2008 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

225.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Vito Fossella Mailing Address 104 Hume Avenue City Alexandria State VA Zip Code 22301 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Vito Fossella Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-EX5397 Date of Disbursement 04 / 22 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Contribution to Federal Candidate
B.	Full Name (Last, First, Middle Initial) Keller For Congress Mailing Address PO Box 1453 City Orlando State FL Zip Code 32802 Purpose of Disbursement Primary Election Contribution Candidate Name Richard A Keller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-EX5398 Date of Disbursement 04 / 22 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Primary Election Contribution
C.	Full Name (Last, First, Middle Initial) Greg Davis For Congress Mailing Address 5779 Getwell Road Bldg D1 City Southaven State MS Zip Code 38672 Purpose of Disbursement Special Runoff election Candidate Name Greg Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-EX5414 Date of Disbursement 05 / 09 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Special Runoff election

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Manion For Congress

Mailing Address PO Box 28

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
Political Contribution C00443333

Candidate Name
Tom Manion

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 08

Transaction ID: SB21-EX5462
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

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

Political Contribution C0-0443333

B.

Full Name (Last, First, Middle Initial)
Convention 2008

Mailing Address c/o Marie Conley-PA Convention Di
121 State Street

City Harrisburg State PA Zip Code 17111

Purpose of Disbursement
Deposit registration

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5463
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

750.00

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

Deposit registration

C.

Full Name (Last, First, Middle Initial)
Spring Cove Educational Foundation

Mailing Address 1100 E. Main Street

City Roaring Spring State PA Zip Code 16673

Purpose of Disbursement
Bronze Sponsor Golf Tournament

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5467
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

100.00

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

Bronze Sponsor Golf Tournament

SUBTOTAL of Disbursements This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Craig Williams For Congress

Mailing Address 5035 Township Line Road

City Drexel Hill State PA Zip Code 19026

Purpose of Disbursement
C00444703 contribution

Candidate Name
Craig Williams

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB21-EX5488
Date of Disbursement

06 / 13 / 2008

Amount of Each Disbursement this Period

1000.00

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

C00444703 contribution

B.

Full Name (Last, First, Middle Initial)
Dreams Go On/Hoedown

Mailing Address 315 Quince Court

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

012
Category/
Type

Transaction ID: SB21-EX5494
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

35.00

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

Donation

C.

Full Name (Last, First, Middle Initial)
Greater Chambersburg Chamber Of Commerce

Mailing Address 100 Lincoln Way E #A

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
Golf tournament entry fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

012
Category/
Type

Transaction ID: SB21-EX5501
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

80.00

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

Golf tournament entry fee

SUBTOTAL of Disbursements This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 77 / 80

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Greentree-Antrim Chamber Of Commerce

Mailing Address PO Box 175

City Greencastle State PA Zip Code 17225

Purpose of Disbursement
Golf tournament

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5502

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

70.00

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

Golf tournament

SUBTOTAL of Disbursements This Page (optional)

70.00

TOTAL This Period (last page this line number only)

10300.00

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 78 / 80

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN20

LOAN SOURCE Full Name (Last, First, Middle Initial) S&T Bank	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address Commercial Lending 208 West Plank Road	
City Altoona State PA ZIP Code 16602	

Original Amount of Loan 30000.00	Cumulative Payment To Date 30000.00	Balance Outstanding at Close of This Period .00
-------------------------------------	--	--

TERMS

Date Incurred MM DD YY 01 19 2007	Date Due 20080530	Interest Rate 825.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	---------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value=".00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="0.00"/>

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 (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Invoice: Telephone Administrative/Salary
Mailing Address PO Box 660748			
City Dallas	State TX	ZIP Code 75266	

Outstanding Balance Beginning This Period		Transaction ID: SD9-INV5236	
170.79			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	170.79	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ATLANTIC broadband			Nature of Debt (Purpose): Invoice: Internet service Administrative
Mailing Address Box 371801			
City Pittsburgh	State PA	ZIP Code 15250	

Outstanding Balance Beginning This Period		Transaction ID: SD9-INV5235	
109.15			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	109.15	.00	

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	.00

Image# 28932135300

Form/Schedule: **F3N**

Transaction ID:

The accompanying Report of Receipts and Disbursements from April 3 2008 through June 30 2008 for the Bill Shuster for Congress Committee included in the prescribed form have been prepared by Frederick A. Ciocca CPA. I have prepared such financial statements in my capacity as treasurer of the Bill Shuster for Congress Committee.
