

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00364935
CITY STATE ZIP CODE STATE DISTRICT
PA 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 11 25 2008 through 12 31 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 01 30 2009

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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

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)).....	315.00	315.00
(b) Total Contribution Refunds (from Line 20(d)).....	.00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	315.00	315.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	28421.90	45973.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	963.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	28421.90	45009.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	46481.62	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	1557.38	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	2080.92	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
 Bill Shuster for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

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).....

.00

.00

(ii) Unitemized.....

190.00

190.00

(iii) TOTAL of contributions

190.00

190.00

from individuals..... ▶

.00

.00

(b) Political Party Committees.....

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

125.00

125.00

(d) The Candidate.....

.00

.00

(e) TOTAL CONTRIBUTIONS (other than loans)

315.00

315.00

(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

.00

(c) TOTAL LOANS

.00

.00

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

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

.00

963.99

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)..... ▶

315.00

1278.99

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28421.90	45973.06
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.....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	.00	.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	.00
21. OTHER DISBURSEMENTS.....	500.00	2125.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	28921.90	48098.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	75088.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	315.00
25. SUBTOTAL (add Line 23 and Line 24).....	75403.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28921.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	46481.62

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 20
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
CAEA/PACE

Mailing Address 210 Clair St

City State Zip Code
Connellsville PA 15425

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
125.00

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

Transaction ID: SA11C-CN6566

Amount of Each Receipt this Period
125.00

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

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	125.00

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) The Orchards</p> <p>Mailing Address 1580 Orchard Drive</p> <p>City Chambersburg State PA Zip Code 17201</p> <p>Purpose of Disbursement 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5924</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 94.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Meal</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</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5900</p> <p>Date of Disbursement 12 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 214.71</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) Shari Frankhauser</p> <p>Mailing Address 2324 Fourth Street</p> <p>City Altoona State PA Zip Code 16601</p> <p>Purpose of Disbursement Mileage reimbursement</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5897</p> <p>Date of Disbursement 12 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 210.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Mileage reimbursement</p>

SUBTOTAL of Disbursements This Page (optional)	519.31
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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Ramada Inn Altoona

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Election Night Event

Candidate Name

007
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5914
Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

1983.14

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

Election Night Event

B.

Full Name (Last, First, Middle Initial)
Ramada Inn Altoona

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Election Night Event

Candidate Name

007
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5915
Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

1411.55

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

Election Night Event

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
Meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5898
Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

86.32

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

Meals

SUBTOTAL of Disbursements This Page (optional) ▶

3481.01

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

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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 meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5916
Date of Disbursement

1 2 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

138.91

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

Various meals

B.

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: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5934
Date of Disbursement

1 2 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

620.00

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

Train

C.

Full Name (Last, First, Middle Initial)
Schneiders Of Capitol Hill

Mailing Address 300 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Beverages for Fundraiser

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5928
Date of Disbursement

1 2 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

261.16

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

Beverages for Fundraiser

SUBTOTAL of Disbursements This Page (optional)

1020.07

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Roger Osbaugh

Transaction ID: SB17-EX5885
Date of Disbursement

Mailing Address 1153 Leisure Drive

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

City State Zip Code
Chambersburg PA 17202

Amount of Each Disbursement this Period

54.73

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
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Mileage reimbursement

B.

Full Name (Last, First, Middle Initial)
Roger Osbaugh

Transaction ID: SB17-EX5893
Date of Disbursement

Mailing Address 1153 Leisure Drive

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

City State Zip Code
Chambersburg PA 17202

Amount of Each Disbursement this Period

5.62

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
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Mileage reimbursement

C.

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

Transaction ID: SB17-EX5909
Date of Disbursement

Mailing Address PO Box 25505

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	8

City State Zip Code
Lehigh Valley PA 18002

Amount of Each Disbursement this Period

751.40

Purpose of Disbursement
820822862-00001
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
State: District:
Disbursement For: 2010
 Primary General
 Other (specify) ▼

820822862-00001

SUBTOTAL of Disbursements This Page (optional)

811.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 20

<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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Benjamin Hotel</p> <p>Mailing Address 125 East 50th Street</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement PA Society 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5931</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PA Society Fundraiser</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 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-EX5892</p> <p>Date of Disbursement 12 / 10 / 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 State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5899</p> <p>Date of Disbursement 12 / 18 / 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) ▶

2665.87

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CenPenn Realty LLC</p> <p>Mailing Address 513 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement January 2009 rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX5908</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>January 2009 rent</p>
<p>B.</p> <p>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 consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX5902</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Fundraising consultant</p>
<p>C.</p> <p>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 expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX5903</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="728.22"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Fundraising expenses</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) e2c consulting Inc. <hr/> Mailing Address PO Box 29576 <hr/> City Washington State DC Zip Code 20017 <hr/> Purpose of Disbursement Fundraising Consulting Fee - Jan 09 Candidate Name	Transaction ID: SB17-EX5907 Date of Disbursement 12 / 31 / 2008
	Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Fundraising Consulting Fee - Jan 09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

B. Full Name (Last, First, Middle Initial) Bobby Vans Grille <hr/> Mailing Address 1201 New York Avenue NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Campaign dinner Candidate Name	Transaction ID: SB17-EX5932 Date of Disbursement 12 / 31 / 2008
	Amount of Each Disbursement this Period 4877.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Campaign dinner
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

C. Full Name (Last, First, Middle Initial) Kiawah Island Golf Resort <hr/> Mailing Address One Sanctuary Beach Drive <hr/> City Johns Island State SC Zip Code 29455 <hr/> Purpose of Disbursement Meals Candidate Name	Transaction ID: SB17-EX5919 Date of Disbursement 12 / 31 / 2008
	Amount of Each Disbursement this Period 5.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Meals
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

SUBTOTAL of Disbursements This Page (optional) ▶	8882.43
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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
The Dubliner An Irish Pub

Mailing Address Number 4 F Street

City Washington State DC Zip Code 20001

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5933
Date of Disbursement

1 2 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

411.55

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

Meals

B.

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

Mailing Address 1100 Logan Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
EFTPS - November 2008

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5887
Date of Disbursement

1 1 / 2 8 / 2 0 0 8

Amount of Each Disbursement this Period

1331.15

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

EFTPS - November 2008

C.

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

Mailing Address 1100 Logan Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
VA I-File November withholding

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5888
Date of Disbursement

1 1 / 2 8 / 2 0 0 8

Amount of Each Disbursement this Period

199.92

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

VA I-File November witho-
lding

SUBTOTAL of Disbursements This Page (optional)

1942.62

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

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

Mailing Address 1100 Logan Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
EFTPS - December 2008

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5913
Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

26.85

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

EFTPS - December 2008

B.

Full Name (Last, First, Middle Initial)
Phoenix Park Hotels

Mailing Address 520 N Capitol Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5917
Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

200.88

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

Lodging

C.

Full Name (Last, First, Middle Initial)
Phoenix Park Hotels

Mailing Address 520 N Capitol Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5918
Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

328.20

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

Lodging

SUBTOTAL of Disbursements This Page (optional) ▶

555.93

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17-EX5910
	Mailing Address PO Box 6463	Date of Disbursement 12 / 31 / 2008
	City Carol Stream State IL Zip Code 60197	Amount of Each Disbursement this Period 130.82
	Purpose of Disbursement Telephone 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:	Telephone
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

B.	Full Name (Last, First, Middle Initial) Meghan L Johnson	Transaction ID: SB17-EX5896
	Mailing Address 301 Maple Hollow Road	Date of Disbursement 12 / 10 / 2008
	City Duncansville State PA Zip Code 16635	Amount of Each Disbursement this Period 164.80
	Purpose of Disbursement Lodging 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:	Lodging
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

C.	Full Name (Last, First, Middle Initial) Meghan L Johnson	Transaction ID: SB17-EX5906
	Mailing Address 301 Maple Hollow Road	Date of Disbursement 12 / 31 / 2008
	City Duncansville State PA Zip Code 16635	Amount of Each Disbursement this Period 150.00
	Purpose of Disbursement Payroll 12/01/2008 to 12/31/2008 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:	Payroll 12/01/2008 to 12/31/2008
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional)	445.62
TOTAL This Period (last page this line number only)	2652.83

**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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Shawn Meyers For Judge Committee

Mailing Address c/o Jake Kaufman Treasurer
914 Wallace Avenue

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
Returned Check

Candidate Name
Shawn Meyers For Judge Committee

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5938
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	8

Amount of Each Disbursement this Period

-500.00

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

Returned Check

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

Mailing Address c/o Alex Scarola - Greenberg Trau
2001 Market Street Suite 2700

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Annual Holiday Event donation

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5904
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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

Annual Holiday Event donation

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 / 20
	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 Campbell Holste Inc.	Nature of Debt (Purpose): Invoice: GOTV phone calls Polling Expens
Mailing Address 140 Littleton Road Suite 320	
City Parsippany State NJ ZIP Code 07054	

Outstanding Balance Beginning This Period -1229.18	Transaction ID: SD9-INV5666	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 1229.18

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 56.72	Transaction ID: SD9-INV5739	
Amount Incurred This Period .00	Payment This Period 56.72	Outstanding Balance at Close of This Period .00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Mobility	Nature of Debt (Purpose): Invoice: Telephone Admini- strative/Salary
Mailing Address PO Box 6463	
City Carol Stream State IL ZIP Code 60197	

Outstanding Balance Beginning This Period 132.83	Transaction ID: SD9-INV5738	
Amount Incurred This Period .00	Payment This Period 132.83	Outstanding Balance at Close of This Period .00

1) SUBTOTALS This Period This Page (optional).....	▶	1229.18
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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 Phoenix Park Hotels			Nature of Debt (Purpose): Invoice: Lodging Travel Expenses
Mailing Address 520 N Capitol Street NW			
City Washington	State DC	ZIP Code 20001	

Outstanding Balance Beginning This Period		Transaction ID: SD9-INV5773	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	328.20	328.20	

1) SUBTOTALS This Period This Page (optional).....	328.20
2) TOTALS This Period (last page this line number only).....	1557.38
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)	1557.38

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

(Use separate schedule(s) for each numbered line) PAGE 19 / 20
 FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS	Nature of Debt (Purpose): Invoice: Postage Administrative/Salary/O
Mailing Address PO Box 7247-0244	
City State ZIP Code Philadelphia PA 19170	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/>	Transaction ID: SD10-INV5806
Amount Incurred This Period <input style="width: 100%;" type="text" value="18.86"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="18.86"/>	

B. 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 State ZIP Code Dallas TX 75266	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/>	Transaction ID: SD10-INV5800
Amount Incurred This Period <input style="width: 100%;" type="text" value="177.84"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="177.84"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor StelTek Graphics Inc	Nature of Debt (Purpose): Invoice: Print Ads - Calendars Advertisi
Mailing Address One Corporate Drive Suite 105	
City State ZIP Code Bedford PA 15522	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/>	Transaction ID: SD10-INV5804
Amount Incurred This Period <input style="width: 100%;" type="text" value="907.92"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="907.92"/>	

1) SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="1104.62"/>
2) TOTALS This Period (last page this line number only).....	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Daily American			Nature of Debt (Purpose): Invoice: Online banner ads Advertising E
Mailing Address 334 W Main Street PO Box 638			
City	State	ZIP Code	
Somerset	PA	15501	

Outstanding Balance Beginning This Period		Transaction ID: SD10-INV5803	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
600.00	.00	600.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ronald Nocco			Nature of Debt (Purpose): Invoice: Servicemen Christmas Party Soli
Mailing Address Diamond Entertainment 1416 Philadelphia Street			
City	State	ZIP Code	
Indiana	PA	15701	

Outstanding Balance Beginning This Period		Transaction ID: SD10-INV5805	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
376.30	.00	376.30	

1) SUBTOTALS This Period This Page (optional).....	▶	976.30
2) TOTALS This Period (last page this line number only).....	▶	2080.92
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)	▶	2080.92