

# 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 9  
3. **IS THIS REPORT**  **NEW (N)** **OR**  **AMENDED (A)**

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

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] 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 01 01 2007 through 03 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Frederick A Ciocca

Signature of Treasurer Electronically Filed by Frederick A Ciocca Date 04 13 2007

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	66360.00	78375.00
(b) Total Contribution Refunds (from Line 20(d)).....	.00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	66360.00	78375.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	94707.98	159194.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	536.65	1773.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	94171.33	157421.15
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	36561.26	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	45203.08	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
 Bill Shuster for Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**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).....

23950.00

28475.00

(ii) Unitemized.....

1410.00

3650.00

(iii) TOTAL of contributions

25360.00

32125.00

from individuals..... ▶

.00

.00

(b) Political Party Committees.....

41000.00

46250.00

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

.00

.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

66360.00

78375.00

(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.....

30000.00

30000.00

(c) TOTAL LOANS

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

30000.00

30000.00

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

536.65

1773.35

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)..... ▶

96896.65

110148.35

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	94707.98	159194.50
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.....	2511.00	6276.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	97218.98	165470.50

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	36883.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	96896.65
25. SUBTOTAL (add Line 23 and Line 24).....	133780.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	97218.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	36561.26

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 78
	<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)  
Victor C Barringer

Mailing Address PO Box 829

City State Zip Code  
Weldon NC 27890

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

Name of Employer Coastal Lumber Company Occupation President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007

Transaction ID: SA11Ai-CN5382

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)  
Peggy J Bosma-LaMascus

Mailing Address 120 Kenwood Road

City State Zip Code  
Chambersburg PA 17201

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

Name of Employer Patriot Federal Credit Union Occupation President/CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: SA11Ai-CN5414

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Art G Bruaw, Jr.

Mailing Address PO Box 277

City State Zip Code  
Saint Thomas PA 17252

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

Name of Employer E. C. Barnes Inc Occupation President/Distributor

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  
03 / 26 / 2007

Transaction ID: SA11Ai-CN5415

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) ..... ▶ **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 78
	<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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Colin A Chapman

Mailing Address 1613 Brookside Rd

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer Occupation  
The Rhoads' Group Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

**Transaction ID:** SA11Ai-CN5385

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)  
Richard Kenton Curtis

Mailing Address 500 Carousel Court

City State Zip Code  
Gaithersburg MD 20877

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

Name of Employer Occupation  
Professional Inspection & Testing Serv Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

**Transaction ID:** SA11Ai-CN5408

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)  
Jeffrey W Embly

Mailing Address 214 Phoenix Dr

City State Zip Code  
Chambersburg PA 17201

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

Name of Employer Occupation  
Orrstown Financial Services Inc Senior VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

**Transaction ID:** SA11Ai-CN5403

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 78
	<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	

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Harry N Fix

Mailing Address 2356 Majestic Court

City Chambersburg State PA Zip Code 17201

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

Name of Employer Valley Quarries Inc. Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: SA11Ai-CN5404

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Darin L Gardner

Mailing Address 14503 Pleffner Ct

City Bowie State MD Zip Code 20720

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

Name of Employer Hoffman - La Roche Inc Occupation Asst Director - Govt Relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2007

Transaction ID: SA11Ai-CN5396

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)  
Duane R Gibson

Mailing Address 23 West Irving

City Chevy Chase State MD Zip Code 20815

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

Name of Employer The Livingston Group Occupation Associate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007

Transaction ID: SA11Ai-CN5383

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) ..... ▶ **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 78
	<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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Maxine L Gindlesperger		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 165 Highfield Ln N		Transaction ID: SA11Ai-CN5409	
City State Zip Code Chambersburg PA 17201	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer e-lynxx Corporation	Occupation COO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Johnson M Green		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 4450 Dexter Street NW		Transaction ID: SA11Ai-CN5397	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Oglivy Government Relations	Occupation Managing Director		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Peter S Izzo		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 2 Vista Pl		Transaction ID: SA11Ai-CN5378	
City State Zip Code Red Bank NJ 07701	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Merrill Lynch	Occupation Finance		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 78
	<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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ray S Koontz

Mailing Address 315 1st St N

City State Zip Code  
Mc Connellsburg PA 17233

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

Name of Employer Occupation  
Penn's Village Shopping Center Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: SA11Ai-CN5416

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Alan R Loessy

Mailing Address 371 Roland Avenue

City State Zip Code  
Chambersburg PA 17201

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

Name of Employer Occupation  
Letterkenny Army Depot Public Affairs Officer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: SA11Ai-CN5406

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)  
Andrew K Maloney

Mailing Address 3020 Macomb Street NW

City State Zip Code  
Washington DC 20008

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

Name of Employer Occupation  
Federalist Group LLC Vice President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 23 / 2007

Transaction ID: SA11Ai-CN5371

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) ..... ► 1700.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 78
	<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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Amy D McKennis

Mailing Address 440 12th St NE  
Apt #107

City Washington State DC Zip Code 20002

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

Name of Employer Global USA Inc. Occupation Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007

Transaction ID: SA11Ai-CN5384

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)  
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  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: SA11Ai-CN5407

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)  
Craig J Nitterhouse

Mailing Address 1785 Falling Spring Road

City Chambersburg State PA Zip Code 17201

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

Name of Employer Franklin Storage Inc. Occupation Partner/Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: SA11Ai-CN5410

Amount of Each Receipt this Period  
1500.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 78
	<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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

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

Mailing Address 543 Lincoln Way E

City State Zip Code  
Chambersburg PA 17201

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

Name of Employer  
Self Employed

Occupation  
Dentist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2007

Transaction ID: SA11Ai-CN5417

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)  
Matt H Phillips

Mailing Address 541 Granados Ave S

City State Zip Code  
Solana Beach CA 92075

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

Name of Employer

Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2007

Transaction ID: SA11Ai-CN5363

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 773 Rosewood Ct

City State Zip Code  
Chambersburg PA 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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2007

Transaction ID: SA11Ai-CN5411

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 78
	<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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey N Reeder

Mailing Address 10970 McFarland Rd

City State Zip Code  
Mercersburg PA 17236

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

Name of Employer Occupation  
Universal Projects Inc Businessman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: SA11Ai-CN5413

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
L Michael Ross

Mailing Address 330 Overhill Drive

City State Zip Code  
Chambersburg PA 17201

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

Name of Employer Occupation  
Franklin Co Area Dev Corp Economic developer/President

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  
03 / 26 / 2007

Transaction ID: SA11Ai-CN5405

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)  
Donald A Ruggery, Sr.

Mailing Address 37 Clara Vista Dr

City State Zip Code  
Hollidaysburg PA 16648

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

Name of Employer Occupation  
Spherion Corp Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 26 / 2007

Transaction ID: SA11Ai-CN5360

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) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 78
	<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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
David E Schaffer

Mailing Address 9205 Hambletonian Place

City State Zip Code  
Vienna VA 22182

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

Name of Employer Occupation  
David E Schaffer Assoc LLC Aviation Law & Government Relations

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007

Transaction ID: SA11Ai-CN5381

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)  
David G Sciamanna

Mailing Address 575 Montgomery Avenue

City State Zip Code  
Chambersburg PA 17201

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

Name of Employer Occupation  
Greater Chambersburg Chamber of Comm President

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: SA11Ai-CN5402

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)  
Lawrence D Shea

Mailing Address 7837 Tangleoak Ln

City State Zip Code  
Castle Rock CO 80108

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

Name of Employer Occupation

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 02 / 2007

Transaction ID: SA11Ai-CN5365

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 78
	<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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mark W Szanca

Mailing Address 44 3rd Ave W

City State Zip Code  
Everett PA 15537

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

Name of Employer Szanca Solutions Inc Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2007

Transaction ID: SA11Ai-CN5395

Amount of Each Receipt this Period  
1000.00

VPFE0E72320B - edonation.-com  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Justin S Tipp

Mailing Address PO Box 2271

City State Zip Code  
Del Mar CA 92014

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2007

Transaction ID: SA11Ai-CN5364

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Richard L. Vaught

Mailing Address 111 Beckman Dr S

City State Zip Code  
Altoona PA 16602

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2007

Transaction ID: SA11Ai-CN5362

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 78	
	(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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
J Joseph Zimmerman

Mailing Address 2257 Castlegreen Drive

City State Zip Code  
Greencastle PA 17225

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

Name of Employer Occupation  
Valley Quarries Inc Executive Vice President

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	3	/	1	5	/	2	0	0	7

Transaction ID: SA11Ai-CN5377

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	23950.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 78
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A. Dealers Election Action**

Full Name (Last, First, Middle Initial)  
Mailing Address 8400 Westpark Drive

City State Zip Code  
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation  
None None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

**Transaction ID:** SA11C-CN5391

Amount of Each Receipt this Period  
1000.00

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

**B. PPL People For Good Govt**

Full Name (Last, First, Middle Initial)  
Mailing Address Two North Ninth Street

City State Zip Code  
Allentown PA 18101

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation  
None None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

**Transaction ID:** SA11C-CN5393

Amount of Each Receipt this Period  
1000.00

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

**C. Blank Rome LLP**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 New Hampshire Ave NW

City State Zip Code  
Washington DC 20037

FEC ID number of contributing federal political committee. **C** C00150797

Name of Employer Occupation  
None None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

**Transaction ID:** SA11C-CN5400

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 78
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Brotherhood Of Railroad Signalmen

Mailing Address 917 Shenandoah Shores Rd

City State Zip Code  
Front Royal VA 22630

FEC ID number of contributing federal political committee. **C** C00011262

Name of Employer Occupation  
None None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

**Transaction ID:** SA11C-CN5388

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)  
CSX Corp Good Govt Fund

Mailing Address 1331 Pennsylvania Avenue NW  
Suite 560 National Place

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation  
None None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 02 / 2007

**Transaction ID:** SA11C-CN5367

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)  
Enterprise Rent-A-Car Company

Mailing Address 600 Corporate Park Dr

City State Zip Code  
Saint Louis MO 63105

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation  
None None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

**Transaction ID:** SA11C-CN5392

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 78
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Foley & Lardner Political Fund Inc.

Mailing Address 3000 K St NW  
Suite 500

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00105338

Name of Employer None Occupation None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

Transaction ID: SA11C-CN5386

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 None Occupation None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: SA11C-CN5376

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)  
Norfolk Southern Corp Good Govt Fund

Mailing Address Three Commerical Place

City Norfolk State VA Zip Code 23510

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

Name of Employer None Occupation None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 23 / 2007

Transaction ID: SA11C-CN5373

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 19 / 78  
(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)  
NRA-Political Victory Fund  
Mailing Address 11250 Waples Mill Road  
City State Zip Code  
Fairfax VA 22030  
FEC ID number of contributing federal political committee. **C** C00053553  
Name of Employer Occupation  
None None  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2007  
Transaction ID: SA11C-CN5419  
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)  
Owner Operator Independent Drivers  
Mailing Address 1101 30th Street NW  
City State Zip Code  
Washington DC 20007  
FEC ID number of contributing federal political committee. **C** C00236778  
Name of Employer Occupation  
None None  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007  
Transaction ID: SA11C-CN5390  
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)  
Portland Cement Association Inc  
Mailing Address 500 New Jersey Ave NW  
Seventh Floor  
City State Zip Code  
Washington DC 20001  
FEC ID number of contributing federal political committee. **C** C00237065  
Name of Employer Occupation  
None None  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007  
Transaction ID: SA11C-CN5379  
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) ..... ► 4500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 78
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Reliant Energy Inc

Mailing Address PO Box 148

City State Zip Code  
Houston TX 77001

FEC ID number of contributing federal political committee. **C** C00081455

Name of Employer Occupation  
None None

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 2 / 2 3 / 2 0 0 7

**Transaction ID:** SA11C-CN5372

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)  
Ryder Employees

Mailing Address 3600 Northwest 82nd Ave

City State Zip Code  
Miami FL 33166

FEC ID number of contributing federal political committee. **C** C00088435

Name of Employer Occupation  
None None

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 3 / 1 5 / 2 0 0 7

**Transaction ID:** SA11C-CN5387

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)  
Safari Club International

Mailing Address 4800 W. Gates Pass Road

City State Zip Code  
Tucson AZ 85745

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation  
None None

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 2 / 2 6 / 2 0 0 7

**Transaction ID:** SA11C-CN5374

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 78
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

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

Mailing Address 1301 K Street NW  
Suite 600 East Tower

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00216127

Name of Employer None Occupation None

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  
03 / 23 / 2007

Transaction ID: SA11C-CN5398

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)  
Truck

Mailing Address 430 First Street SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer None Occupation None

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  
03 / 15 / 2007

Transaction ID: SA11C-CN5389

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)  
Truck

Mailing Address 430 First Street SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer None Occupation None

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  
03 / 15 / 2007

Transaction ID: SA11C-CN5380

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 78
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

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

Mailing Address 430 First Street SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer None Occupation None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 23 / 2007

Transaction ID: SA11C-CN5401

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)  
U.S.-Cuba Democracy

Mailing Address 1200 49th St W

City Hialeah State FL Zip Code 33012

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer None Occupation None

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  
 01 / 30 / 2007

Transaction ID: SA11C-CN5368

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)  
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 None Occupation None

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  
 01 / 19 / 2007

Transaction ID: SA11C-CN5357

Amount of Each Receipt this Period  
 2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 78
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
United Transportation Union

Mailing Address 14600 Detroit Avenue

City State Zip Code  
Lakewood OH 44107

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation  
None None

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2007

Transaction ID: SA11C-CN5399

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)  
USTeam

Mailing Address 100 West Putnam Avenue

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C** C00104851

Name of Employer Occupation  
None None

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2007

Transaction ID: SA11C-CN5418

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)  
Walmart Stores Inc.

Mailing Address 702 SW Eighth Street

City State Zip Code  
Bentonville AR 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation  
None None

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 09 / 2007

Transaction ID: SA11C-CN5369

Amount of Each Receipt this Period  
5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	41000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 78
	(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"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

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

Mailing Address Commercial Lending  
208 West Plank Road

City State Zip Code  
Altoona PA 16602

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
30000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: SA13b-LN20

Amount of Each Receipt this Period  
30000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	30000.00



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 78	
	(check only one)			
<input 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 checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Bill Shuster for Congress
--

Full Name (Last, First, Middle Initial) A. Valley Forge Suites	
Mailing Address 888 Chesterbrook Blvd	
City Wayne	State PA
Zip Code 19087	
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 486.65

Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Transaction ID: SA14-ER80
Amount of Each Receipt this Period 353.48
Expenditure Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....	▶	353.48
TOTAL This Period (last page this line number only) .....	▶	353.48

**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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. S&amp;T Bank</b>		Transaction ID: SB19B-LP65 Date of Disbursement
Mailing Address Commercial Lending 208 West Plank Road		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City Altoona	State PA	Zip Code 16602
Purpose of Disbursement Repay Loan	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value=""/> .00
Candidate Name		
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) ▼	Interest only payment
State: District:		

Full Name (Last, First, Middle Initial) <b>B. S&amp;T Bank</b>		Transaction ID: SB19B-LP66 Date of Disbursement
Mailing Address Commercial Lending 208 West Plank Road		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Altoona	State PA	Zip Code 16602
Purpose of Disbursement Repay Loan	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value=""/> .00
Candidate Name		
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) ▼	Interest only payment
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="0.00"/>

**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

Full Name (Last, First, Middle Initial) <b>A. S&amp;T Bank</b>		<b>Transaction ID:</b> SB17-LP65 Date of Disbursement 02 / 28 / 2007
Mailing Address Commercial Lending 208 West Plank Road		Amount of Each Disbursement this Period 254.38
City Altoona	State PA Zip Code 16602	
Purpose of Disbursement Loan interest Expenditure		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
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) ▼	Interest only payment
State: District:		

Full Name (Last, First, Middle Initial) <b>B. S&amp;T Bank</b>		<b>Transaction ID:</b> SB17-LP66 Date of Disbursement 03 / 27 / 2007
Mailing Address Commercial Lending 208 West Plank Road		Amount of Each Disbursement this Period 206.25
City Altoona	State PA Zip Code 16602	
Purpose of Disbursement Loan interest Expenditure		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
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) ▼	Interest only payment
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		<b>Transaction ID:</b> SB17-EX4750 Date of Disbursement 03 / 21 / 2007
Mailing Address 525 Allegheny Street		Amount of Each Disbursement this Period 14.62
City Hollidaysburg	State PA Zip Code 16648	
Purpose of Disbursement Postage		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
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) ▼	Administrative/Salary/Ove- rhead Expenses
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>475.25</b>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		<b>Transaction ID:</b> SB17-EX4751 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 525 Allegheny Street		Amount of Each Disbursement this Period 15.60
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. William Shuster</b>		<b>Transaction ID:</b> SB17-EX4655 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 9 Overlook Drive		Amount of Each Disbursement this Period 18.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Taxi/Car/Bus Expense Candidate Name Category/Type 002	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

Full Name (Last, First, Middle Initial) <b>C. William Shuster</b>		<b>Transaction ID:</b> SB17-EX4671 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 9 Overlook Drive		Amount of Each Disbursement this Period 89.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Taxi/Car/Bus Expense Candidate Name Category/Type 002	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	122.60
<b>TOTAL</b> 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 29 / 78

<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

Full Name (Last, First, Middle Initial) <b>A. Circuit City Stores Inc</b>		<b>Transaction ID:</b> SB17-EX4692 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 141 Sierra Drive		Amount of Each Disbursement this Period 300.00
City Altoona State PA Zip Code 16601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses Candidate Name	Category/Type 001	Administrative/Salary/Overhead Expenses
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ciocca Benton &amp; Company P.C.</b>		<b>Transaction ID:</b> SB17-EX4666 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 912 Pleasant Valley Blvd		Amount of Each Disbursement this Period 7370.53
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Professional Services Candidate Name	Category/Type 001	Administrative/Salary/Overhead Expenses
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Altoona Mirror</b>		<b>Transaction ID:</b> SB17-EX4774 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address PO Box 2008		Amount of Each Disbursement this Period 88.44
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Print Ads Candidate Name	Category/Type 004	Advertising Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7758.97</b>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. PA Department Of Revenue</b>		<b>Transaction ID:</b> SB17-EX4639 Date of Disbursement 01 / 31 / 2007
Mailing Address DEPT 280414		Amount of Each Disbursement this Period 221.04
City Harrisburg State PA Zip Code 17128	Purpose of Disbursement Payroll Taxes 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		<b>Transaction ID:</b> SB17-EX4627 Date of Disbursement 01 / 09 / 2007
Mailing Address PO Box 646		Amount of Each Disbursement this Period 147.49
City Baltimore State MD Zip Code 21265	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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID:</b> SB17-EX4663 Date of Disbursement 02 / 12 / 2007
Mailing Address PO Box 646		Amount of Each Disbursement this Period 155.65
City Baltimore State MD Zip Code 21265	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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>524.18</b>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Transaction ID: SB17-EX4723 Date of Disbursement 03 / 21 / 2007
Mailing Address PO Box 646		Amount of Each Disbursement this Period 159.46
City Baltimore State MD Zip Code 21265	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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. State Farm Insurance</b>		Transaction ID: SB17-EX4769 Date of Disbursement 03 / 27 / 2007
Mailing Address 715 Lexington Avenue		Amount of Each Disbursement this Period 300.00
City Altoona State PA Zip Code 16601	Purpose of Disbursement Insurance 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>C. PA UC Fund</b>		Transaction ID: SB17-EX4636 Date of Disbursement 01 / 30 / 2007
Mailing Address PO Box 68568		Amount of Each Disbursement this Period 466.47
City Harrisburg State PA Zip Code 17106	Purpose of Disbursement Payroll Taxes 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	925.93
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. NRCC</b>		Transaction ID: SB17-EX4631 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address 320 First Street SE		Amount of Each Disbursement this Period 25000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Dues Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. Ramada Inn</b>		Transaction ID: SB17-EX4658 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address One Sheraton Drive		Amount of Each Disbursement this Period 133.92
City Altoona State PA Zip Code 16601	Purpose of Disbursement Fundraising Candidate Name Category/Type 003	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Solicitation and Fundraising Expenses

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		Transaction ID: SB17-EX4682 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 54.52
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25188.44
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		<b>Transaction ID:</b> SB17-EX4732 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 286.23
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meals Candidate Name	Category/Type 002	Travel Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hilton Harrisburg and Towers</b>		<b>Transaction ID:</b> SB17-EX4743 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address One North Second Street		Amount of Each Disbursement this Period 156.25
City Harrisburg State PA Zip Code 17101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging Candidate Name	Category/Type 002	Travel Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hilton Harrisburg and Towers</b>		<b>Transaction ID:</b> SB17-EX4744 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address One North Second Street		Amount of Each Disbursement this Period 12.50
City Harrisburg State PA Zip Code 17101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meals Candidate Name	Category/Type 002	Travel Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	454.98
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Hilton Harrisburg and Towers</b>		<b>Transaction ID:</b> SB17-EX4745 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address One North Second Street		Amount of Each Disbursement this Period 156.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisburg State PA Zip Code 17101	Purpose of Disbursement Lodging Candidate Name Category/Type 002	
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) ▼	Travel Expenses

Full Name (Last, First, Middle Initial) <b>B. Hilton Harrisburg and Towers</b>		<b>Transaction ID:</b> SB17-EX4746 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address One North Second Street		Amount of Each Disbursement this Period 32.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisburg State PA Zip Code 17101	Purpose of Disbursement Meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses

Full Name (Last, First, Middle Initial) <b>C. Hilton Harrisburg and Towers</b>		<b>Transaction ID:</b> SB17-EX4747 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address One North Second Street		Amount of Each Disbursement this Period 215.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisburg State PA Zip Code 17101	Purpose of Disbursement Lodging Candidate Name Category/Type 002	
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) ▼	Travel Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	403.86
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. IS2 Technologies Inc.</b>		<b>Transaction ID:</b> SB17-EX4667 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 3018 Pleasant Valley Blvd		Amount of Each Disbursement this Period 364.81
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses Candidate Name	Category/Type 001	Administrative/Salary/Overhead Expenses
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		<b>Transaction ID:</b> SB17-EX4715 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address Market Street		Amount of Each Disbursement this Period 472.00
City Philadelphia State PA Zip Code 19019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Train Candidate Name	Category/Type 002	Travel Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Trail Blazer Campaign Services Inc.</b>		<b>Transaction ID:</b> SB17-EX4665 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 5115 Excelsior Blvd Suite 103		Amount of Each Disbursement this Period 2000.00
City Minneapolis State MN Zip Code 55416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses Candidate Name	Category/Type 001	Administrative/Salary/Overhead Expenses
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2836.81
<b>TOTAL</b> 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)

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<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

Full Name (Last, First, Middle Initial) <b>A. The Congressional Institute</b>		Transaction ID: SB17-EX4770 Date of Disbursement 02 / 28 / 2007
Mailing Address 316 Pennsylvania Avenue SE Suite 403		Amount of Each Disbursement this Period 943.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Lodging 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: SB17-EX4683 Date of Disbursement 02 / 12 / 2007
Mailing Address PO Box 360002		Amount of Each Disbursement this Period 228.86
City Fort Lauderdale State FL Zip Code 33335	Purpose of Disbursement Bank Service Charge 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove- rhead Expenses

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: SB17-EX4684 Date of Disbursement 02 / 12 / 2007
Mailing Address PO Box 360002		Amount of Each Disbursement this Period 60.00
City Fort Lauderdale State FL Zip Code 33335	Purpose of Disbursement Bank Service Charge 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove- rhead Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1231.86
<b>TOTAL</b> 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)

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<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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB17-EX4685 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address PO Box 360002		Amount of Each Disbursement this Period 75.00
City Fort Lauderdale State FL Zip Code 33335	Purpose of Disbursement Bank Service Charge 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove- rhead Expenses

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB17-EX4733 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address PO Box 360002		Amount of Each Disbursement this Period 35.00
City Fort Lauderdale State FL Zip Code 33335	Purpose of Disbursement Bank Service Charge 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove- rhead Expenses

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB17-EX4734 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address PO Box 360002		Amount of Each Disbursement this Period 330.87
City Fort Lauderdale State FL Zip Code 33335	Purpose of Disbursement Bank Service Charge 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove- rhead Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	440.87
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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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

Full Name (Last, First, Middle Initial) <b>A. Allegro Restaurant</b>		<b>Transaction ID:</b> SB17-EX4702 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 3926 Broad Avenue		Amount of Each Disbursement this Period 270.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16601	Purpose of Disbursement Meals Candidate Name Category/Type 002	
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) ▼	Travel Expenses

Full Name (Last, First, Middle Initial) <b>B. Benjamin Hotel</b>		<b>Transaction ID:</b> SB17-EX4706 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 125 East 50th Street		Amount of Each Disbursement this Period 1140.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10022	Purpose of Disbursement Lodging Candidate Name Category/Type 002	
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) ▼	Travel Expenses

Full Name (Last, First, Middle Initial) <b>C. Benjamin Hotel</b>		<b>Transaction ID:</b> SB17-EX4707 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 125 East 50th Street		Amount of Each Disbursement this Period 1140.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10022	Purpose of Disbursement Lodging Candidate Name Category/Type 002	
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) ▼	Travel Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2550.89
<b>TOTAL</b> 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:  
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<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

Full Name (Last, First, Middle Initial) <b>A. ATLANTIC broadband</b>		<b>Transaction ID:</b> SB17-EX4626
Mailing Address Box 371801		Date of Disbursement 01 / 09 / 2007
City Pittsburgh	State PA	Zip Code 15250
Purpose of Disbursement Utilities	Amount of Each Disbursement this Period 103.95	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Administrative/Salary/Overhead Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. ATLANTIC broadband</b>		<b>Transaction ID:</b> SB17-EX4647
Mailing Address Box 371801		Date of Disbursement 01 / 31 / 2007
City Pittsburgh	State PA	Zip Code 15250
Purpose of Disbursement Utilities	Amount of Each Disbursement this Period 54.02	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Administrative/Salary/Overhead Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. ATLANTIC broadband</b>		<b>Transaction ID:</b> SB17-EX4662
Mailing Address Box 371801		Date of Disbursement 02 / 12 / 2007
City Pittsburgh	State PA	Zip Code 15250
Purpose of Disbursement Utilities	Amount of Each Disbursement this Period 103.95	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Administrative/Salary/Overhead Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>261.92</b>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. ATLANTIC broadband</b>		<b>Transaction ID:</b> SB17-EX4674 Date of Disbursement
Mailing Address Box 371801		<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Pittsburgh	State PA	Zip Code 15250
Purpose of Disbursement Utilities	<input type="text" value="001"/> Category/ Type	
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="54.02"/> Administrative/Salary/Ove- rhead Expenses
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ATLANTIC broadband</b>		<b>Transaction ID:</b> SB17-EX4719 Date of Disbursement
Mailing Address Box 371801		<input type="text" value="03"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Pittsburgh	State PA	Zip Code 15250
Purpose of Disbursement Utilities	<input type="text" value="001"/> Category/ Type	
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="103.95"/> Administrative/Salary/Ove- rhead Expenses
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ATLANTIC broadband</b>		<b>Transaction ID:</b> SB17-EX4720 Date of Disbursement
Mailing Address Box 371801		<input type="text" value="03"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Pittsburgh	State PA	Zip Code 15250
Purpose of Disbursement Utilities	<input type="text" value="001"/> Category/ Type	
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="54.02"/> Administrative/Salary/Ove- rhead Expenses
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="211.99"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**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

Full Name (Last, First, Middle Initial) <b>A. CenPenn Realty LLC</b>		<b>Transaction ID:</b> SB17-EX4653 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 513 Allegheny Street		Amount of Each Disbursement this Period 500.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Rent	
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) ▼	Administrative/Salary/Ove- head Expenses

Full Name (Last, First, Middle Initial) <b>B. CenPenn Realty LLC</b>		<b>Transaction ID:</b> SB17-EX4676 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 513 Allegheny Street		Amount of Each Disbursement this Period 500.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Rent	
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) ▼	Administrative/Salary/Ove- head Expenses

Full Name (Last, First, Middle Initial) <b>C. CenPenn Realty LLC</b>		<b>Transaction ID:</b> SB17-EX4763 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 513 Allegheny Street		Amount of Each Disbursement this Period 500.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Rent	
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) ▼	Administrative/Salary/Ove- head Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. S&amp;T Bank</b>		Transaction ID: SB17-EX4622	
Mailing Address 208 West Plank Road		Date of Disbursement 01 / 02 / 2007	
City Altoona	State PA	Zip Code 16602	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement Bank Service Charge		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/Type	
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) ▼		Bank Service Charge
State: District:			

Full Name (Last, First, Middle Initial) <b>B. S&amp;T Bank</b>		Transaction ID: SB17-EX4637	
Mailing Address 208 West Plank Road		Date of Disbursement 01 / 31 / 2007	
City Altoona	State PA	Zip Code 16602	Amount of Each Disbursement this Period 26.02
Purpose of Disbursement Payroll Taxes		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/Type	
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) ▼		Administrative/Salary/Overhead Expenses
State: District:			

Full Name (Last, First, Middle Initial) <b>C. S&amp;T Bank</b>		Transaction ID: SB17-EX4638	
Mailing Address 208 West Plank Road		Date of Disbursement 01 / 31 / 2007	
City Altoona	State PA	Zip Code 16602	Amount of Each Disbursement this Period 56.00
Purpose of Disbursement Payroll Taxes		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/Type	
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) ▼		Administrative/Salary/Overhead Expenses
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>107.02</b>
<b>TOTAL</b> 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)

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<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

Full Name (Last, First, Middle Initial) <b>A. S&amp;T Bank</b>		<b>Transaction ID:</b> SB17-EX4646 Date of Disbursement
Mailing Address 208 West Plank Road		<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Altoona	State PA	Zip Code 16602
Purpose of Disbursement Bank Service Charge		<input type="text" value="001"/> Category/Type
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Bank Service Charge</b>
State: District:		Amount of Each Disbursement this Period <input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>B. S&amp;T Bank</b>		<b>Transaction ID:</b> SB17-EX4679 Date of Disbursement
Mailing Address 208 West Plank Road		<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Altoona	State PA	Zip Code 16602
Purpose of Disbursement Payroll Taxes		<input type="text" value="001"/> Category/Type
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Administrative/Salary/Overhead Expenses</b>
State: District:		Amount of Each Disbursement this Period <input type="text" value="26.02"/>

Full Name (Last, First, Middle Initial) <b>C. S&amp;T Bank</b>		<b>Transaction ID:</b> SB17-EX4722 Date of Disbursement
Mailing Address 208 West Plank Road		<input type="text" value="03"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Altoona	State PA	Zip Code 16602
Purpose of Disbursement Bank Service Charge		<input type="text" value="001"/> Category/Type
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Bank Service Charge</b>
State: District:		Amount of Each Disbursement this Period <input type="text" value="25.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="76.02"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

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<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

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID:</b> SB17-EX4649 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 230.25
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	
Purpose of Disbursement Telephone Candidate Name	001 Category/Type	Administrative/Salary/Overhead Expenses
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		<b>Transaction ID:</b> SB17-EX4675 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 213.12
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	
Purpose of Disbursement Telephone Candidate Name	001 Category/Type	Administrative/Salary/Overhead Expenses
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		<b>Transaction ID:</b> SB17-EX4764 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 222.98
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	
Purpose of Disbursement Telephone Candidate Name	001 Category/Type	Administrative/Salary/Overhead Expenses
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	666.35
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Nemacolin Woodlands Resort &amp; Spa</b>		<b>Transaction ID: SB17-EX4703</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address 1001 LaFayette Drive		Amount of Each Disbursement this Period 110.50	
City Farmington State PA Zip Code 15437	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002	Travel Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nemacolin Woodlands Resort &amp; Spa</b>		<b>Transaction ID: SB17-EX4716</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address 1001 LaFayette Drive		Amount of Each Disbursement this Period 7413.82	
City Farmington State PA Zip Code 15437	Purpose of Disbursement Fundraising	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 003	Solicitation and Fundraising Expenses	
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Loveng</b>		<b>Transaction ID: SB17-EX4672</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 228 W. Windsor Avenue		Amount of Each Disbursement this Period 310.87	
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002	Travel Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7835.19</b>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Loveng</b>		<b>Transaction ID: SB17-EX4775</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 228 W. Windsor Avenue		Amount of Each Disbursement this Period 186.92	
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002	Travel Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. e2c consulting Inc.</b>		<b>Transaction ID: SB17-EX4652</b> Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2007	
Mailing Address PO Box 29576		Amount of Each Disbursement this Period 4000.00	
City Washington State DC Zip Code 20017	Purpose of Disbursement Campaign Consultant	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 003	Solicitation and Fundraising Expenses	
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. e2c consulting Inc.</b>		<b>Transaction ID: SB17-EX4677</b> Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2007	
Mailing Address PO Box 29576		Amount of Each Disbursement this Period 4000.00	
City Washington State DC Zip Code 20017	Purpose of Disbursement Campaign Consultant	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 003	Solicitation and Fundraising Expenses	
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8186.92</b>
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) e2c consulting Inc.		<b>Transaction ID:</b> SB17-EX4762 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address PO Box 29576		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20017	Purpose of Disbursement Campaign Consultant Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Sollicitation and Fundrais-ing Expenses

<b>B.</b> Full Name (Last, First, Middle Initial) Canan Station Print Shoppe		<b>Transaction ID:</b> SB17-EX4772 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address PO Box 632		Amount of Each Disbursement this Period 137.81
City Altoona State PA Zip Code 16603	Purpose of Disbursement Fundraising 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Sollicitation and Fundrais-ing Expenses

<b>C.</b> Full Name (Last, First, Middle Initial) Canan Station Print Shoppe		<b>Transaction ID:</b> SB17-EX4773 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address PO Box 632		Amount of Each Disbursement this Period 83.74
City Altoona State PA Zip Code 16603	Purpose of Disbursement Fundraising 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Sollicitation and Fundrais-ing Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4221.55
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. CCH Incorporated</b>		<b>Transaction ID:</b> SB17-EX4704 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address PO Box 5490		Amount of Each Disbursement this Period 826.80
City Chicago State IL Zip Code 60680	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses Candidate Name	Category/Type 001	Administrative/Salary/Overhead Expenses
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:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		<b>Transaction ID:</b> SB17-EX4698 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address PO Box 619612 MD 2400		Amount of Each Disbursement this Period 332.80
City Dallas State TX Zip Code 75261	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Airplane Candidate Name	Category/Type 002	Travel Expenses
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:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		<b>Transaction ID:</b> SB17-EX4699 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address PO Box 619612 MD 2400		Amount of Each Disbursement this Period 1238.80
City Dallas State TX Zip Code 75261	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Airplane Candidate Name	Category/Type 002	Travel Expenses
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2398.40
<b>TOTAL</b> 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)

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<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

Full Name (Last, First, Middle Initial) <b>A. Pennsylvania Association Of Notaries</b>		<b>Transaction ID:</b> SB17-EX4708 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 14 Wood Street		Amount of Each Disbursement this Period 201.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15222	Administrative/Salary/Ove- head Expenses	
Purpose of Disbursement Office Expenses 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. The National Hotel</b>		<b>Transaction ID:</b> SB17-EX4755 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 1677 Collins Avenue		Amount of Each Disbursement this Period 575.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami Beach State FL Zip Code 33139	Travel Expenses	
Purpose of Disbursement 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. The National Hotel</b>		<b>Transaction ID:</b> SB17-EX4756 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 1677 Collins Avenue		Amount of Each Disbursement this Period 4547.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami Beach State FL Zip Code 33139	Travel Expenses	
Purpose of Disbursement 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5324.22
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Filomena Ristorante</b>		<b>Transaction ID:</b> SB17-EX4714 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 1063 Wisconsin Avenue NW		Amount of Each Disbursement this Period 4902.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007	Purpose of Disbursement Meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses

Full Name (Last, First, Middle Initial) <b>B. Dos Caminos</b>		<b>Transaction ID:</b> SB17-EX4717 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 373 Park Avenue S		Amount of Each Disbursement this Period 336.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10016	Purpose of Disbursement Meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses

Full Name (Last, First, Middle Initial) <b>C. Friars Club</b>		<b>Transaction ID:</b> SB17-EX4629 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 57 East 55th Street		Amount of Each Disbursement this Period 4040.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10022	Purpose of Disbursement Fundraising Candidate Name Category/Type 003	
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) ▼	Solicitation and Fundraising Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9278.68
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Nicole Fedeli-Turiano</b>		Transaction ID: SB17-EX4668 Date of Disbursement 02 / 28 / 2007
Mailing Address 4 Devon Drive		Amount of Each Disbursement this Period 150.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Campaign Workers' Salaries Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. Nicole Fedeli-Turiano</b>		Transaction ID: SB17-EX4669 Date of Disbursement 02 / 28 / 2007
Mailing Address 4 Devon Drive		Amount of Each Disbursement this Period 15.60
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>C. Nicole Fedeli-Turiano</b>		Transaction ID: SB17-EX4776 Date of Disbursement 03 / 31 / 2007
Mailing Address 4 Devon Drive		Amount of Each Disbursement this Period 150.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Campaign Workers' Salaries Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	315.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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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

Full Name (Last, First, Middle Initial) <b>A. W.E. Campbell Enterprises Inc.</b>		Transaction ID: SB17-EX4648 Date of Disbursement 01 / 31 / 2007
Mailing Address 170 Patchway Road		Amount of Each Disbursement this Period 1051.63
City Duncansville State PA Zip Code 16635	Purpose of Disbursement Fundraising 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Sollicitation and Fundraising Expenses

Full Name (Last, First, Middle Initial) <b>B. Vorys Sater Seymour &amp; Pease LLP</b>		Transaction ID: SB17-EX4659 Date of Disbursement 02 / 12 / 2007
Mailing Address Post Office Box 73487		Amount of Each Disbursement this Period 2002.10
City Cleveland State OH Zip Code 44193	Purpose of Disbursement Legal Consultant 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>C. LimoRes.net</b>		Transaction ID: SB17-EX4686 Date of Disbursement 02 / 12 / 2007
Mailing Address 245 West 72nd Street		Amount of Each Disbursement this Period 252.04
City New York State NY Zip Code 10023	Purpose of Disbursement Taxi/Car/Bus Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3305.77
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Valley Forge Suites</b>		<b>Transaction ID:</b> SB17-EX4696 Date of Disbursement 02 / 12 / 2007
Mailing Address 888 Chesterbrook Blvd		Amount of Each Disbursement this Period 325.82
City Wayne State PA Zip Code 19087	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:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses

Full Name (Last, First, Middle Initial) <b>B. Valley Forge Suites</b>		<b>Transaction ID:</b> SB17-EX4697 Date of Disbursement 02 / 12 / 2007
Mailing Address 888 Chesterbrook Blvd		Amount of Each Disbursement this Period 353.48
City Wayne State PA Zip Code 19087	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:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses

Full Name (Last, First, Middle Initial) <b>C. Diamond Entertainment</b>		<b>Transaction ID:</b> SB17-EX4725 Date of Disbursement 03 / 21 / 2007
Mailing Address 1416 Philadelphia Street		Amount of Each Disbursement this Period 300.00
City Indiana State PA Zip Code 15701	Purpose of Disbursement Fundraising	
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) ▼	Solitation and Fundrais- ing Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	979.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s)  
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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><b>A. North Meets South</b></p> <p>Full Name (Last, First, Middle Initial) North Meets South</p> <p>Mailing Address 228 S. Washington Street Suite B-20</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Fundraising 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><b>Transaction ID:</b> SB17-EX4726</p> <p>Date of Disbursement 03 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 759.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Solicitation and Fundraising Expenses</p>
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<p><b>B. Miami Yacht Charters</b></p> <p>Full Name (Last, First, Middle Initial) Miami Yacht Charters</p> <p>Mailing Address 401 Biscayne Blvd</p> <p>City Miami State FL Zip Code 33132</p> <p>Purpose of Disbursement Fundraising 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><b>Transaction ID:</b> SB17-EX4754</p> <p>Date of Disbursement 03 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1957.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Solicitation and Fundraising Expenses</p>
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<p><b>C. Joe's Stone Crab Restaurant</b></p> <p>Full Name (Last, First, Middle Initial) Joe's Stone Crab Restaurant</p> <p>Mailing Address 11 Washington Avenue</p> <p>City Miami Beach State FL Zip Code 33139</p> <p>Purpose of Disbursement Fundraising 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><b>Transaction ID:</b> SB17-EX4757</p> <p>Date of Disbursement 03 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 954.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Solicitation and Fundraising Expenses</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>3672.22</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER: (check only one)

<input 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

Full Name (Last, First, Middle Initial) <b>A. Joe's Stone Crab Restaurant</b>		<b>Transaction ID: SB17-EX4758</b>	
Mailing Address 11 Washington Avenue		Date of Disbursement 03 / 21 / 2007	
City Miami Beach	State FL	Zip Code 33139	Amount of Each Disbursement this Period 148.45
Purpose of Disbursement Fundraising	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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Solicitation and Fundraising Expenses
State: District:	Category/Type 003		

Full Name (Last, First, Middle Initial) <b>B. Adm World Wide Limousine</b>		<b>Transaction ID: SB17-EX4759</b>	
Mailing Address 19006 SW 76th Avenue		Date of Disbursement 03 / 21 / 2007	
City Miami	State FL	Zip Code 33157	Amount of Each Disbursement this Period 459.00
Purpose of Disbursement Taxi/Car/Bus Expense	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Travel Expenses
State: District:	Category/Type 002		

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

607.45

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

91863.24

**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)

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<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

Full Name (Last, First, Middle Initial) <b>A. Precious Life Inc</b>		<b>Transaction ID:</b> SB21-EX4670 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 1716 12th Avenue		Amount of Each Disbursement this Period 200.00
City Altoona State PA Zip Code 16601	Purpose of Disbursement Donations	
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) ▼	Donations

Full Name (Last, First, Middle Initial) <b>B. Juniata Co Republican Comm.</b>		<b>Transaction ID:</b> SB21-EX4657 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 4 Industrial Park Road		Amount of Each Disbursement this Period 12.00
City Mifflintown State PA Zip Code 17059	Purpose of Disbursement Promotional Tickets	
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) ▼	Donations

Full Name (Last, First, Middle Initial) <b>C. Bedford Co. Republican Comm</b>		<b>Transaction ID:</b> SB21-EX4771 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 118 Firehouse Road		Amount of Each Disbursement this Period 500.00
City Breezewood State PA Zip Code 15533	Purpose of Disbursement Promotional Tickets	
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) ▼	Donations

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	712.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<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

<b>A. Franklin Co Republican Committee</b> Full Name (Last, First, Middle Initial) Franklin Co Republican Committee Mailing Address Suite 293 South Gate Mall City Chambersburg State PA Zip Code 17201 Purpose of Disbursement Donations Candidate Name 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:		<b>Transaction ID: SB21-EX4644</b> Date of Disbursement 02 / 08 / 2007 Amount of Each Disbursement this Period 375.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Donations
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<b>B. Blair Co Convention Center</b> Full Name (Last, First, Middle Initial) Blair Co Convention Center Mailing Address One Convention Center Drive City Altoona State PA Zip Code 16602 Purpose of Disbursement Promotional Tickets Candidate Name 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:		<b>Transaction ID: SB21-EX4752</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Donations
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<b>C. Republican State Committee of PA</b> Full Name (Last, First, Middle Initial) Republican State Committee of PA Mailing Address 301 Market Street - Suite 900 City Harrisburg State PA Zip Code 17101 Purpose of Disbursement Donations Candidate Name 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:		<b>Transaction ID: SB21-EX4645</b> Date of Disbursement 02 / 08 / 2007 Amount of Each Disbursement this Period 320.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Donations
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	815.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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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

Full Name (Last, First, Middle Initial) <b>A. Brent Gates</b>		<b>Transaction ID:</b> SB21-EX4724 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 310 Penn Street Suite 200		Amount of Each Disbursement this Period 20.00
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 Promotional Tickets	Candidate Name	Donations
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:	Category/Type 012	

Full Name (Last, First, Middle Initial) <b>B. Bedford County CCHL</b>		<b>Transaction ID:</b> SB21-EX4729 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 3495 Business 220		Amount of Each Disbursement this Period 100.00
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 Donations	Candidate Name	Donations
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:	Category/Type 012	

Full Name (Last, First, Middle Initial) <b>C. Bedford County CCHL</b>		<b>Transaction ID:</b> SB21-EX4765 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 3495 Business 220		Amount of Each Disbursement this Period 24.00
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 Promotional Tickets	Candidate Name	Donations
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:	Category/Type 012	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	144.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Bedford Co Regional Education Foundation</b>		<b>Transaction ID: SB21-EX4632</b> Date of Disbursement 01 / 29 / 2007
Mailing Address 18 North River Lane		Amount of Each Disbursement this Period 250.00
City Everett State PA Zip Code 15537	Purpose of Disbursement Donations	
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) ▼	Donations

Full Name (Last, First, Middle Initial) <b>B. Bedford Co Regional Education Foundation</b>		<b>Transaction ID: SB21-EX4634</b> Date of Disbursement 01 / 29 / 2007
Mailing Address 18 North River Lane		Amount of Each Disbursement this Period 80.00
City Everett State PA Zip Code 15537	Purpose of Disbursement Promotional Tickets	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) <b>C. Higgins For District Attorney 2007</b>		<b>Transaction ID: SB21-EX4680</b> Date of Disbursement 03 / 01 / 2007
Mailing Address 205 S. Juliana Street		Amount of Each Disbursement this Period 250.00
City Bedford State PA Zip Code 15522	Purpose of Disbursement Political Contributions	
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) ▼	Political Contributions

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>580.00</b>
<b>TOTAL</b> 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 60 / 78

<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

Full Name (Last, First, Middle Initial) <b>A. Fayette County Republican Committee</b>		<b>Transaction ID:</b> SB21-EX4681 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 40 West South Street		Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Uniontown State PA Zip Code 15401	Purpose of Disbursement Promotional Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) <b>B. St. John The Evangelist School</b>		<b>Transaction ID:</b> SB21-EX4766 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 311 Lotz Avenue - Lakemont		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Donations 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) ▼	Donations

Full Name (Last, First, Middle Initial) <b>C. HASBL</b>		<b>Transaction ID:</b> SB21-EX4768 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address PO Box 216		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Duncansville State PA Zip Code 16635	Purpose of Disbursement Donations 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) ▼	Donations

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	260.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2511.00

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 61 / 78
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**Transaction ID: SC10-LN20**

<b>LOAN SOURCE</b> 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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	.00	30000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 1 D D 1 9 Y Y Y Y 2 0 0 7	20080530	8.2500 % (apr)	<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) William F Shuster	Name of Employer US Government
Mailing Address 9 Overlook Drive	Occupation Congressman
City Hollidaysburg State PA ZIP Code 16648	Amount Guaranteed Outstanding: 29539.37
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	30000.00
<b>TOTALS</b> This Period (last page in this line only) .....	30000.00

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

# LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for  
Information found on  
Page 62 / 78 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) <b>Bill Shuster for Congress</b>	<b>FEC IDENTIFICATION NUMBER</b> C00364935
---	---

Back Ref ID: SC10-LN20

<b>LENDING INSTITUTION (LENDER)</b> Full Name S&T Bank	Amount of Loan 30000.00	Interest Rate (APR) 8.2500 %
--	----------------------------	---------------------------------

Mailing Address Commercial Lending 208 West Plank Road	Date Incurred or Established 01 19 2007
City Altoona	Date Due 20080530
State PA	Zip Code 16602

A. Has loan been restructured?  No  Yes If yes, date originally incurred : 01 19 2007

B. If line of credit, Total Outstanding balance : 30000.00  
Amount of this Draw: .00

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Sch. C)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
What is the value of this collateral? .00  
Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
What is the estimated value? .00

A depository account must be established pursuant to 11 CFR 100.82 and 100.142.  
Date account established: \_\_\_\_\_ Location of account \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  
Future Donations & Fundraisers

<b>G. COMMITTEE TREASURER</b> Typed Name Frederick A Ciocca Signature _____	<b>DATE</b> 01 19 2007
---	---------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above.  
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

<b>AUTHORIZED REPRESENTATIVE</b> Typed Name Richard Scholton Signature _____	Title Sr Regional VP	<b>DATE</b> 01 19 2007
--	----------------------	---------------------------

**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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Don Pablos	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address Plank Road	
City State ZIP Code Altoona PA 16602	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID:</b> SD10-INV1730	
Amount Incurred This Period [ .00 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ .00 ]

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

Outstanding Balance Beginning This Period [ 7500.00 ]	<b>Transaction ID:</b> SD10-INV3289	
Amount Incurred This Period [ .00 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 7500.00 ]

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor CM Events	Nature of Debt (Purpose): Invoice: Invoice #1008 So- litation and
Mailing Address 605 SW Fourth Avenue	
City State ZIP Code Fort Lauderdale FL 33315	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID:</b> SD10-INV4658	
Amount Incurred This Period [ 2570.75 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 2570.75 ]

<b>1) SUBTOTALS</b> This Period This Page (optional).....	[ 10070.75 ]
<b>2) TOTALS</b> This Period (last page this line number only).....	[ ]
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	[ ]
<b>4) ADD 2) and 3)</b> 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)

9  
 10

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club	Nature of Debt (Purpose): Invoice: Various meals Travel Expenses
Mailing Address 300 First Street SE	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4627</b>	
Amount Incurred This Period [ 513.41 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 513.41 ]

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express	Nature of Debt (Purpose): Invoice: Finance charges Administrative/
Mailing Address PO Box 360002	
City State ZIP Code Fort Lauderdale FL 33335	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4628</b>	
Amount Incurred This Period [ 182.10 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 182.10 ]

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Hunan Dynasty	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 215 Pennsylvania Avenue	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4629</b>	
Amount Incurred This Period [ 18.00 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 18.00 ]

<b>1) SUBTOTALS</b> This Period This Page (optional).....	[ 713.51 ]
<b>2) TOTALS</b> This Period (last page this line number only).....	[ ]
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	[ ]
<b>4) ADD 2) and 3)</b> 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)

9  
 10

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc	Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/
Mailing Address 5700 Sixth Avenue	
City State ZIP Code Altoona PA 16602	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4630</b>	
Amount Incurred This Period [ 31.60 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 31.60 ]

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc	Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/
Mailing Address 5700 Sixth Avenue	
City State ZIP Code Altoona PA 16602	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4631</b>	
Amount Incurred This Period [ 42.25 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 42.25 ]

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Nemacolin Woodlands Resort & Spa	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 1001 LaFayette Drive	
City State ZIP Code Farmington PA 15437	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4632</b>	
Amount Incurred This Period [ 66.00 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 66.00 ]

<b>1) SUBTOTALS</b> This Period This Page (optional).....	[ 139.85 ]
<b>2) TOTALS</b> This Period (last page this line number only).....	[ ]
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	[ ]
<b>4) ADD 2) and 3)</b> 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)

9  
 10

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 30 East Main LLC	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 30 E. Main Street	
City State ZIP Code Uniontown PA 15401	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4633</b>	
Amount Incurred This Period [ 70.00 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 70.00 ]

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Embers Inn & Convention Center	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 1700 Harrisburg Pike	
City State ZIP Code Carlisle PA 17013	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4634</b>	
Amount Incurred This Period [ 64.00 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 64.00 ]

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 1500 Allegheny Street	
City State ZIP Code Hollidaysburg PA 16648	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4635</b>	
Amount Incurred This Period [ 51.16 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 51.16 ]

<b>1) SUBTOTALS</b> This Period This Page (optional).....	[ 185.16 ]
<b>2) TOTALS</b> This Period (last page this line number only).....	[ ]
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	[ ]
<b>4) ADD 2) and 3)</b> 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)

9  
 10

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Main Street Cafe	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 214 Main Street	
City State ZIP Code Alexandria PA 16611	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID:</b> SD10-INV4636	
Amount Incurred This Period [ 38.03 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 38.03 ]

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor US Postal Service	Nature of Debt (Purpose): Invoice: Administrative/- Salary/Overhead
Mailing Address 525 Allegheny Street	
City State ZIP Code Hollidaysburg PA 16648	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID:</b> SD10-INV4637	
Amount Incurred This Period [ 78.00 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 78.00 ]

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc	Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/
Mailing Address 5700 Sixth Avenue	
City State ZIP Code Altoona PA 16602	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID:</b> SD10-INV4638	
Amount Incurred This Period [ 15.81 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 15.81 ]

1) <b>SUBTOTALS</b> This Period This Page (optional).....	[ 131.84 ]
2) <b>TOTALS</b> This Period (last page this line number only).....	[ ]
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	[ ]
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	[ ]

**SCHEDULE D (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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Fairfield Inn	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 1122 Wayne Road	
City State ZIP Code Chambersburg PA 17201	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4639</b>	
Amount Incurred This Period [ 75.21 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 75.21 ]

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Fairfield Inn	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 1122 Wayne Road	
City State ZIP Code Chambersburg PA 17201	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4640</b>	
Amount Incurred This Period [ 75.21 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 75.21 ]

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Fairfield Inn	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 1122 Wayne Road	
City State ZIP Code Chambersburg PA 17201	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4641</b>	
Amount Incurred This Period [ 75.21 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 75.21 ]

<b>1) SUBTOTALS</b> This Period This Page (optional).....	[ 225.63 ]
<b>2) TOTALS</b> This Period (last page this line number only).....	[ ]
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	[ ]
<b>4) ADD 2) and 3)</b> 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)

9  
 10

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 The National Hotel

Nature of Debt (Purpose):  
 Invoice: 1/25 to 2/6 Travel Expenses

Mailing Address 1677 Collins Avenue

City State ZIP Code  
 Miami Beach FL 33139

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10-INV4642</b>	
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3415.78	.00	3415.78

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Les Halles Washington

Nature of Debt (Purpose):  
 Invoice: Travel Expenses

Mailing Address 1201 Pennsylvania Avenue NW

City State ZIP Code  
 Washington DC 20004

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10-INV4643</b>	
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
42.30	.00	42.30

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Wines And Spirits Store

Nature of Debt (Purpose):  
 Invoice: Solitication and Fundraising E

Mailing Address 3415 Pleasant Valley Blvd

City State ZIP Code  
 Altoona PA 16602

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10-INV4644</b>	
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
38.14	.00	38.14

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>3496.22</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> 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)

9  
 10

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> US Postal Service	Nature of Debt (Purpose): Invoice: Administrative/- Salary/Overhead
Mailing Address 525 Allegheny Street	
City State ZIP Code Hollidaysburg PA 16648	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4645</b>	
Amount Incurred This Period [ 78.00 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 78.00 ]

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Verizon	Nature of Debt (Purpose): Invoice: 814696022560826Y Administrative
Mailing Address PO Box 646	
City State ZIP Code Baltimore MD 21265	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV4656</b>	
Amount Incurred This Period [ 162.12 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 162.12 ]

1) <b>SUBTOTALS</b> This Period This Page (optional).....	[ 240.12 ]
2) <b>TOTALS</b> This Period (last page this line number only).....	[ 15203.08 ]
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	[ ]
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	[ ]

**SCHEDULE D (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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Circuit City Stores Inc	Nature of Debt (Purpose): Invoice: New Campaign Computer Administr
Mailing Address 141 Sierra Drive	
City State ZIP Code Altoona PA 16601	

Outstanding Balance Beginning This Period -50.00	<b>Transaction ID:</b> SD9-INV4429	
Amount Incurred This Period .00	Payment This Period -50.00	Outstanding Balance at Close of This Period .00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor S&T Bank	Nature of Debt (Purpose): Invoice: Administrative/-Salary/Overhead
Mailing Address 208 West Plank Road	
City State ZIP Code Altoona PA 16602	

Outstanding Balance Beginning This Period 25.00	<b>Transaction ID:</b> SD9-INV4473	
Amount Incurred This Period .00	Payment This Period 25.00	Outstanding Balance at Close of This Period .00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Quill Corporation	Nature of Debt (Purpose): Invoice: Signature stamp Administrative/
Mailing Address PO Box 94081	
City State ZIP Code Palatine IL 60094	

Outstanding Balance Beginning This Period 40.52	<b>Transaction ID:</b> SD9-INV4494	
Amount Incurred This Period .00	Payment This Period 40.52	Outstanding Balance at Close of This Period .00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor CCH Incorporated	Nature of Debt (Purpose): Invoice: Campaign Finance Guide Administ
Mailing Address PO Box 5490	
City State ZIP Code Chicago IL 60680	

Outstanding Balance Beginning This Period 826.80	<b>Transaction ID:</b> SD9-INV4474	
Amount Incurred This Period .00	Payment This Period 826.80	Outstanding Balance at Close of This Period .00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor US Members Dining Room	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address H-117 The Capitol HOB Rayburn Bldg	
City State ZIP Code Washington DC 20515	

Outstanding Balance Beginning This Period 18.00	<b>Transaction ID:</b> SD9-INV4475	
Amount Incurred This Period .00	Payment This Period 18.00	Outstanding Balance at Close of This Period .00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Pennsylvania Association Of Notaries	Nature of Debt (Purpose): Invoice: Notary license for J. Mearkle A
Mailing Address 14 Wood Street	
City State ZIP Code Pittsburgh PA 15222	

Outstanding Balance Beginning This Period 201.31	<b>Transaction ID:</b> SD9-INV4478	
Amount Incurred This Period .00	Payment This Period 201.31	Outstanding Balance at Close of This Period .00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor US Postal Service	Nature of Debt (Purpose): Invoice: Administrative/- Salary/Overhead
Mailing Address 525 Allegheny Street	
City State ZIP Code Hollidaysburg PA 16648	

Outstanding Balance Beginning This Period 4.73	<b>Transaction ID:</b> SD9-INV4479	
Amount Incurred This Period .00	Payment This Period 4.73	Outstanding Balance at Close of This Period .00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dubliner An Irish Pub	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address Number 4 F Street	
City State ZIP Code Washington DC 20001	

Outstanding Balance Beginning This Period 40.00	<b>Transaction ID:</b> SD9-INV4480	
Amount Incurred This Period .00	Payment This Period 40.00	Outstanding Balance at Close of This Period .00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Dennys Restaurant	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address I-70 and Route 30	
City State ZIP Code Breezewood PA 15533	

Outstanding Balance Beginning This Period 22.71	<b>Transaction ID:</b> SD9-INV4481	
Amount Incurred This Period .00	Payment This Period 22.71	Outstanding Balance at Close of This Period .00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> 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)

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<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Bryant Park Cafe	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 476 Fifth Avenue	
City State ZIP Code New York NY 10018	

Outstanding Balance Beginning This Period 154.51	<b>Transaction ID:</b> SD9-INV4482	
Amount Incurred This Period .00	Payment This Period 154.51	Outstanding Balance at Close of This Period .00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Peacock Alley	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 301 Park Avenue	
City State ZIP Code New York NY 10022	

Outstanding Balance Beginning This Period 61.36	<b>Transaction ID:</b> SD9-INV4483	
Amount Incurred This Period .00	Payment This Period 61.36	Outstanding Balance at Close of This Period .00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Filomena Ristorante	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 1063 Wisconsin Avenue NW	
City State ZIP Code Washington DC 20007	

Outstanding Balance Beginning This Period 4902.12	<b>Transaction ID:</b> SD9-INV4484	
Amount Incurred This Period .00	Payment This Period 4902.12	Outstanding Balance at Close of This Period .00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Amtrak	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address Market Street	
City State ZIP Code Philadelphia PA 19019	

Outstanding Balance Beginning This Period 472.00	<b>Transaction ID:</b> SD9-INV4485	
Amount Incurred This Period .00	Payment This Period 472.00	Outstanding Balance at Close of This Period .00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Nemacolin Woodlands Resort & Spa	Nature of Debt (Purpose): Invoice: Solitication and Fundraising E
Mailing Address 1001 LaFayette Drive	
City State ZIP Code Farmington PA 15437	

Outstanding Balance Beginning This Period 7413.82	<b>Transaction ID:</b> SD9-INV4486	
Amount Incurred This Period .00	Payment This Period 7413.82	Outstanding Balance at Close of This Period .00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Dos Caminos	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 373 Park Avenue S	
City State ZIP Code New York NY 10016	

Outstanding Balance Beginning This Period 336.11	<b>Transaction ID:</b> SD9-INV4487	
Amount Incurred This Period .00	Payment This Period 336.11	Outstanding Balance at Close of This Period .00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Fifth Avenue Coffee Bar	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 389 Fifth Avenue	
City State ZIP Code New York NY 10016	

Outstanding Balance Beginning This Period 33.95	<b>Transaction ID: SD9-INV4488</b>	
Amount Incurred This Period .00	Payment This Period 33.95	Outstanding Balance at Close of This Period .00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Benjamin Hotel	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 125 East 50th Street	
City State ZIP Code New York NY 10022	

Outstanding Balance Beginning This Period 1140.22	<b>Transaction ID: SD9-INV4489</b>	
Amount Incurred This Period .00	Payment This Period 1140.22	Outstanding Balance at Close of This Period .00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Benjamin Hotel	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 125 East 50th Street	
City State ZIP Code New York NY 10022	

Outstanding Balance Beginning This Period 1140.22	<b>Transaction ID: SD9-INV4490</b>	
Amount Incurred This Period .00	Payment This Period 1140.22	Outstanding Balance at Close of This Period .00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> 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)	PAGE 77 / 78	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Invoice: 814 696-0225 608 26Y Administra
Mailing Address PO Box 646	
City State ZIP Code Baltimore MD 21265	

Outstanding Balance Beginning This Period	<b>Transaction ID: SD9-INV4493</b>	
147.49		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	147.49	.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	0.00
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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Form/Schedule: **F3N**

Transaction ID:

The accompanying Report of Receipts and Disbursements from January 1 2007 through March 31 2007 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.

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