

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of PA

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Frederick A Ciocca
Signature of Treasurer Electronically Filed by Frederick A Ciocca Date 12 04 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	69550.00	968407.47
(b) Total Contribution Refunds (from Line 20(d)).....	.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	69550.00	968157.47
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	155057.46	930556.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	963.99	2343.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	154093.47	928212.95
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	75088.52	
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
<hr/>		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	189.55	

For further information contact:

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

**POST-ELECTION DETAILED
SUMMARY PAGE**
Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election) through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
46700.00	.00	.00																																																
(ii) Unitemized																																																		
550.00	.00	.00																																																
(iii) Total of contributions from individuals																																																		
47250.00	497107.47	.00																																																
(b) Political Party Committees																																																		
.00	.00	.00																																																
(c) Other Political Committees																																																		
22300.00	471300.00	.00																																																

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
.00	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
69550.00	968407.47	.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
.00	.00	.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
.00	.00	.00
(b) All Other Loans		
.00	30000.00	.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
.00	30000.00	.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
963.99	2343.35	963.99
15. OTHER RECEIPTS (Dividends, Interest, etc)		
.00	.00	.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
70513.99	1000750.82	963.99

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Bill Shuster for Congress

Report the covering period

From:

10

16

2008

To:

11

24

2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
155057.46	930556.30	17551.16
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
.00	.00	.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
.00	.00	.00
(b) Of All Other Loans		
.00	30000.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
.00	30000.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
.00	250.00	.00
(b) Political Party Committees		
.00	.00	.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
-------------------------------	---	--------------------------	--

(c) Other political committees (such as PACs)

.00	.00	.00
-----	-----	-----

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

.00	250.00	.00
-----	--------	-----

21. OTHER DISBURSEMENTS

3199.11	38527.24	1625.00
---------	----------	---------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

158256.57	999333.54	19176.16
-----------	-----------	----------

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

69550.00	968157.47	.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

154093.47	928212.95	16587.17
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	162831.10
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	70513.99
25. SUBTOTAL(add Line 23 and Line 24)	233345.09
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	158256.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	75088.52

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Dennis C Coons

Mailing Address 7312 Cumberland Hwy

City Chambersburg State PA Zip Code 17201

FEC ID number of contributing federal political committee. C

Name of Employer: Global Data Consultants Inc
Occupation: Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
10 / 20 / 2008

Transaction ID: SA11Ai-CN6504

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)
Gregory D Courtney

Mailing Address 11709 Old Forge Rd

City Waynesboro State PA Zip Code 17268

FEC ID number of contributing federal political committee. C

Name of Employer: Global Data Consultants Inc
Occupation: Founder/Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
10 / 20 / 2008

Transaction ID: SA11Ai-CN6503

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)
Carol Diller

Mailing Address 3458 Edenville Road

City Chambersburg State PA Zip Code 17201

FEC ID number of contributing federal political committee. C

Name of Employer: Franklin County
Occupation: Franklin Co Controller

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
10 / 31 / 2008

Transaction ID: SA11Ai-CN6551

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)
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FOR LINE NUMBER: PAGE 8 / 63
(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)
Susan P Finucane
Mailing Address 13884 Dutchtown Rd
City Mercersburg State PA Zip Code 17236
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt MM / DD / YYYY
10 / 20 / 2008
Transaction ID: SA11Ai-CN6506
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)
David G Fox
Mailing Address 5344 Fort Loudon Rd
City Mercersburg State PA Zip Code 17236
FEC ID number of contributing federal political committee. **C**
Name of Employer A&A Stairs & Railing Occupation Owner/President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt MM / DD / YYYY
10 / 20 / 2008
Transaction ID: SA11Ai-CN6493
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)
Harold C Gabler, Jr.
Mailing Address 691 Montgomery Avenue
City Chambersburg State PA Zip Code 17201
FEC ID number of contributing federal political committee. **C**
Name of Employer H C Gabler Inc Occupation COB
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00
Date of Receipt MM / DD / YYYY
10 / 20 / 2008
Transaction ID: SA11Ai-CN6496
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) ► 2250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 63
(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)
P Thomas Gabler

Mailing Address 3718 Eucalyptus Ct

City Chambersburg State PA Zip Code 17201

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

Name of Employer HC Gabler Inc Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2750.00

Date of Receipt 10 / 20 / 2008
Transaction ID: SA11Ai-CN6490
 Amount of Each Receipt this Period 1250.00

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

B. Full Name (Last, First, Middle Initial)
John D Helman

Mailing Address 1350 Spring Side Dr W

City Chambersburg State PA Zip Code 17201

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

Name of Employer Brechbill Helman Construction Co Occupation Project Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4300.00

Date of Receipt 10 / 20 / 2008
Transaction ID: SA11Ai-CN6482
 Amount of Each Receipt this Period 1300.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Michael Hershey

Mailing Address 3505 Sterling Ave

City Alexandria State VA Zip Code 22304

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

Name of Employer National Association Of Broadcasters Occupation Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2008
Transaction ID: SA11Ai-CN6564
 Amount of Each Receipt this Period 1000.00

Reattributed from National Association O
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Reattribution

SUBTOTAL of Receipts This Page (optional) ► 2550.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 63
(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)
Daniel B Hoover

Mailing Address 721 Spang Street

City State Zip Code
Roaring Spring PA 16673

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

Name of Employer: Roaring Spring Blank Book Co
Occupation: President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: SA11Ai-CN6539
 Amount of Each Receipt this Period: 50.00

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

B. Full Name (Last, First, Middle Initial)
James D Hughes

Mailing Address 211 Shatto Dr

City State Zip Code
Carlisle PA 17013

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

Name of Employer: Salzmann Hughes & Fishman PC
Occupation: Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: SA11Ai-CN6492
 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)
Allen E Jennings, Jr.

Mailing Address 67 Obsidian Drive

City State Zip Code
Chambersburg PA 17201

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

Name of Employer: Jennings Chevrolet Cadillac
Occupation: New Car Dealer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 24 / 2008
Transaction ID: SA11Ai-CN6536
 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) ► 2550.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 63
(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)
Darlene Johnston

Mailing Address 1207 Back Run Road

City State Zip Code
Mc Connellsburg PA 17233

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

Name of Employer Occupation
H. D. Johnston D.O. Physician Assistant

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

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

Transaction ID: SA11Ai-CN6540

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)
Angie Singer Keating

Mailing Address 905 Pennsylvania Ave

City State Zip Code
Tyrone PA 16686

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

Name of Employer Occupation
Reclamere Inc Vice President

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11Ai-CN6565

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)
John F Koeck

Mailing Address RR 6 Box 289

City State Zip Code
Altoona PA 16601

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

Name of Employer Occupation
CK & The Boomers Musician

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11Ai-CN6542

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1950.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 63
	<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	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 182 Buchanan Trl Suite 195	Transaction ID: SA11Ai-CN6485
	City State Zip Code Mc Connellsburg PA 17233	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Penn's Village Shopping Center Partner Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	600.00

B.	Full Name (Last, First, Middle Initial) Lawrence J Lahr	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 39 3rd St N	Transaction ID: SA11Ai-CN6512
	City State Zip Code Chambersburg PA 17201	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation None Real Estate Developer Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1250.00

C.	Full Name (Last, First, Middle Initial) Geoffrey R Lilja	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 5509 Kirkwood Dr	Transaction ID: SA11Ai-CN6489
	City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Chesapeake Real Estate Group Real Estate Development Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2150.00

SUBTOTAL of Receipts This Page (optional)	2350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 63
(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

<p>A. Full Name (Last, First, Middle Initial) Alfred L Madeira</p> <p>Mailing Address 3348 Shinnecock Dr</p> <p>City State Zip Code Chambersburg PA 17202</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Madeira Chiropractic Office Chiropractor</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8</p> <p>Transaction ID: SA11Ai-CN6508</p> <p>Amount of Each Receipt this Period 1250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Nathan K Mao</p> <p>Mailing Address PO Box 352</p> <p>City State Zip Code Chambersburg PA 17201</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Shippensburg University English Professor</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8</p> <p>Transaction ID: SA11Ai-CN6507</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Edwin D Martin</p> <p>Mailing Address 4961 Cumberland Hwy</p> <p>City State Zip Code Chambersburg PA 17201</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation JED Associates Excavator/Partner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8</p> <p>Transaction ID: SA11Ai-CN6545</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 63
	<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) James A Martin		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 7366 Horst Road		Transaction ID: SA11Ai-CN6500
	City Chambersburg	State PA	Zip Code 17202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer Martins Famous Pastry Shoppe Inc Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Rosemarie R McNew		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 995 Black Gap Road		Transaction ID: SA11Ai-CN6488
	City Fayetteville	State PA	Zip Code 17222
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Professional Inspection & Test Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 3150.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Rosemarie R McNew		Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 995 Black Gap Road		Transaction ID: SA11Ai-CN6546
	City Fayetteville	State PA	Zip Code 17222
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1000.00
	Name of Employer Professional Inspection & Test Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 2150.00	Returned Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 63
	<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) Brian L Mellott		Date of Receipt
	Mailing Address 951 The Terrace.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Hagerstown	MD	21742
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11Ai-CN6530
Name of Employer H.B. Mellott Estates Inc		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Herman B Mellott		Date of Receipt
	Mailing Address 100 Mellott Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Warfordsburg	PA	17267
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11Ai-CN6529
Name of Employer HB Mellott Estate Inc		Occupation Vice President-Operations	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Paul C Mellott, Jr.		Date of Receipt
	Mailing Address 13220 Fountainhead Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Hagerstown	MD	21742
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11Ai-CN6528
Name of Employer Mellott Company		Occupation Chairman & CEO	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 63
	<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) William K Nitterhouse	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 1130 Cider Press Road	Transaction ID: SA11Ai-CN6497
	City State Zip Code Chambersburg PA 17201	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: Nitterhouse Concrete Products Occupation: President/CEO Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00

B.	Full Name (Last, First, Middle Initial) Edward S Norcross	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 2568 Echo Sprin Dr	Transaction ID: SA11Ai-CN6511
	City State Zip Code Chambersburg PA 17202	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: Valley Quarries Occupation: Management Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

C.	Full Name (Last, First, Middle Initial) Husam A Obeid, P.E.	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 100 Elm St	Transaction ID: SA11Ai-CN6532
	City State Zip Code Hollidaysburg PA 16648	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: P. Joseph Lehman Inc. Occupation: Partner/Engineer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	▶	2450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 63
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Jon Eric Olson	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 180 Onyx Dr	Transaction ID: SA11Ai-CN6501
	City State Zip Code Chambersburg PA 17201	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Olson & Olson Hydraulic MFG President Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Anthony R Bambocci	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 401 Ridge Ave	Transaction ID: SA11Ai-CN6531
	City State Zip Code Altoona PA 16602	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Digital Solutions Inc President Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Harry K Benjamin	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 3412 Crescent Road	Transaction ID: SA11Ai-CN6557
	City State Zip Code Altoona PA 16602	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Edgemate Inc President Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 63
	<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) Peggy J Bosma-LaMascus	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 120 Kenwood Road	Transaction ID: SA11Ai-CN6499
	City State Zip Code Chambersburg PA 17201	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Patriot Federal Credit Union	Occupation President/CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3325.00	

B.	Full Name (Last, First, Middle Initial) Harold L Brake	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 224 Rhondel Drive PO Box 275	Transaction ID: SA11Ai-CN6484
	City State Zip Code Saint Thomas PA 17252	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Charles E Brake Co Inc	Occupation Chairman	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3250.00	

C.	Full Name (Last, First, Middle Initial) Randall L Brake	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 420 Lindman Drive	Transaction ID: SA11Ai-CN6495
	City State Zip Code Chambersburg PA 17202	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Charles E Brake Co Inc	Occupation President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1900.00	

SUBTOTAL of Receipts This Page (optional)	3750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 63
(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)
Arthur G Bruaw, Sr
Mailing Address PO Box 277
City Saint Thomas State PA Zip Code 17252
FEC ID number of contributing federal political committee. **C**
Name of Employer E C Barnes Inc Occupation Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 10 / 20 / 2008
Transaction ID: SA11Ai-CN6502
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)
John E Clinton
Mailing Address 3339 St Andrews Dr
City Chambersburg State PA Zip Code 17202
FEC ID number of contributing federal political committee. **C**
Name of Employer Shippensburg University Foundation Occupation President/CEO
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 10 / 20 / 2008
Transaction ID: SA11Ai-CN6513
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)
Duaine A Collier
Mailing Address 15489 Paxton Run Road
City Newburg State PA Zip Code 17240
FEC ID number of contributing federal political committee. **C**
Name of Employer College Town Inc Occupation Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 11 / 03 / 2008
Transaction ID: SA11Ai-CN6558
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) ► 2250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 63
(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)
Elizabeth W Palmer

Mailing Address 1679 Mountain Rd

City Chambersburg State PA Zip Code 17201

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

Name of Employer none Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2008
Transaction ID: SA11Ai-CN6487
 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)
Brechbill And Helman Construction Co

Mailing Address 1115 Sheller Ave

City Chambersburg State PA Zip Code 17201

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

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 20 / 2008
Transaction ID: SA11Ai-CN6483
 Amount of Each Receipt this Period 2000.00

Brechbill 50% Helman 50%

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

C. Full Name (Last, First, Middle Initial)
Darrell D Brechbill

Mailing Address 135 Pennsylvania Ave

City Chambersburg State PA Zip Code 17201

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

Name of Employer Brechbill and Helman Construction Co Occupation Contractor/Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 20 / 2008
Transaction ID: SA11Ai-CN6522
 Amount of Each Receipt this Period 1000.00

Partnership contribution-Darrell

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

[MEMO ITEM]
 \$1000.00 MEMO Partnership Attributed

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 63
(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)
John D Helman
Mailing Address 1350 Spring Side Dr W
City Chambersburg State PA Zip Code 17201
FEC ID number of contributing federal political committee. **C**
Name of Employer Brechbill Helman Construction Co Occupation Project Manager
Receipt For: 2008 Election Cycle-to-Date Primary General Other (specify) 3000.00
Date of Receipt 10 / 20 / 2008
Transaction ID: SA11Ai-CN6523
Amount of Each Receipt this Period 1000.00
Partnership contribution- John
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
\$1000.00 MEMO Partnership Attributed

B. Full Name (Last, First, Middle Initial)
M.B. and S.M. Krentzman
Mailing Address PO Box 508
City Lewistown State PA Zip Code 17044
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation None
Receipt For: 2008 Election Cycle-to-Date Primary General Other (specify) 1000.00
Date of Receipt 10 / 23 / 2008
Transaction ID: SA11Ai-CN6527
Amount of Each Receipt this Period 1000.00
100% from Stephen Krentzman
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Stephen M Krentzman
Mailing Address RD 3 (back Maitland Road)
City Lewistown State PA Zip Code 17044
FEC ID number of contributing federal political committee. **C**
Name of Employer Joe Krentzman & Sons Inc Occupation CEO
Receipt For: 2008 Election Cycle-to-Date Primary General Other (specify) 1000.00
Date of Receipt 10 / 23 / 2008
Transaction ID: SA11Ai-CN6535
Amount of Each Receipt this Period 1000.00
Partnership contribution- Stephen
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
\$1000.00 MEMO Partnership Attributed

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 63
(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)
Gail 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
None Homemaker

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

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

Transaction ID: SA11Ai-CN6494

Amount of Each Receipt this Period
1250.00

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 17202

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11Ai-CN6552

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)
Susan E Salzmann

Mailing Address 4 Sebastian Way

City State Zip Code
Carlisle PA 17013

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

Name of Employer Occupation
None Homemaker

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

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

Transaction ID: SA11Ai-CN6491

Amount of Each Receipt this Period
1500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 63
(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)
Glenn W Snoke

Mailing Address PO Box 247
33 E Main Street

City Walnut Bottom State PA Zip Code 17266

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

Name of Employer Snoke's Excavating & Paving Inc Occupation President

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

Date of Receipt: 10 / 20 / 2008
Transaction ID: SA11Ai-CN6509
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)
Eugene R Strite

Mailing Address 826 Tallow Hill Rd

City Chambersburg State PA Zip Code 17202

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

Name of Employer None Occupation Entrepreneur

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

Date of Receipt: 10 / 20 / 2008
Transaction ID: SA11Ai-CN6505
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)
Thomas J Trgovac, Esq

Mailing Address 25 Penncraft Ave - Suite 310

City Chambersburg State PA Zip Code 17201

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

Name of Employer Trgovac Law Offices Occupation Attorney

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

Date of Receipt: 10 / 20 / 2008
Transaction ID: SA11Ai-CN6514
Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 63
(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)
Dr. Darryl Warner

Mailing Address 201 Hospital Rd

City State Zip Code
Everett PA 15537

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

Name of Employer HealthSource Of Everett Occupation Chiropractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 500.00

Transaction ID: SA11Ai-CN6534

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

B. Full Name (Last, First, Middle Initial)
James C Zimmerman

Mailing Address 1014 5th St S

City State Zip Code
Chambersburg PA 17201

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

Name of Employer Valley Quarries Inc Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 1050.00

Transaction ID: SA11Ai-CN6510

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ► **46700.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 63
(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)
Bittle For State Legislature

Mailing Address 811 Woodlawn Circle

City Chambersburg State PA Zip Code 17201

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

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: SA11C-CN6498
Amount of Each Receipt this Period: 1250.00

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

B. Full Name (Last, First, Middle Initial)
Dealers Election Action Comm

Mailing Address 8400 Westpark Drive

City Mc Lean State VA Zip Code 22102

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

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: SA11C-CN6550
Amount of Each Receipt this Period: 4000.00

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

C. Full Name (Last, First, Middle Initial)
Friends of Rich Alloway

Mailing Address PO Box 351

City Chambersburg State PA Zip Code 17201

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

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: SA11C-CN6486
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) ► **6250.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 63
(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)
Allied Pilots Association
Mailing Address 14600 Trinity Blvd-Suite 500
City State Zip Code
Fort Worth TX 76155
FEC ID number of contributing federal political committee. **C** C00267849
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
1 1 / 0 3 / 2 0 0 8
Transaction ID: SA11C-CN6560
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Council of Engineering
Mailing Address 1015 15th Street NW Suite 802
City State Zip Code
Washington DC 20005
FEC ID number of contributing federal political committee. **C** C00010868
Name of Employer Occupation
None None
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 6000.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8
Transaction ID: SA11C-CN6524
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)
APRO
Mailing Address 1504 Robin Hood Trl
City State Zip Code
Austin TX 78703
FEC ID number of contributing federal political committee. **C** C00166223
Name of Employer Occupation
None None
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8
Transaction ID: SA11C-CN6537
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 63
(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)
Build

Mailing Address 1201 15th Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 29 / 2008
Transaction ID: SA11C-CN6541
 Amount of Each Receipt this Period 2000.00

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

B. Full Name (Last, First, Middle Initial)
Dairy Educational PAC

Mailing Address 10220 N Ambassador Drive

City Kansas City State MO Zip Code 64153

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 10 / 30 / 2008
Transaction ID: SA11C-CN6549
 Amount of Each Receipt this Period 3000.00

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

C. Full Name (Last, First, Middle Initial)
Independent Community Bankers

Mailing Address 1615 L St NW Suite 900

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 20 / 2008
Transaction ID: SA11C-CN6519
 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) ► 6000.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 63
(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)
Mylan Inc
Mailing Address 1500 Corporate Dr
City Canonsburg State PA Zip Code 15317
FEC ID number of contributing federal political committee. **C** C00332395
Name of Employer None Occupation None
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 10 / 20 / 2008
Transaction ID: SA11C-CN6515
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)
NABPAC
Mailing Address 1771 N St NW
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00009985
Name of Employer None Occupation None
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 11 / 03 / 2008
Transaction ID: SA11C-CN6553
Amount of Each Receipt this Period 1000.00
Earmark from Mike Hershey
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NABPAC
Mailing Address 1771 N St NW
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00009985
Name of Employer None Occupation None
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 11 / 03 / 2008
Transaction ID: SA11C-CN6563
Amount of Each Receipt this Period -1000.00
Reattributed to Michael Hershey
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattributed

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

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

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

FOR LINE NUMBER: PAGE 29 / 63
(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)
National Telecommunications Coop Assoc
Mailing Address 4121 Wilson Blvd 10th Floor

City State Zip Code
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation
None None

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

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

Transaction ID: SA11C-CN6517

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)
Northwest Airlines
Mailing Address 1212 New York Ave NW Suite 200

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00104802

Name of Employer Occupation
None None

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

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

Transaction ID: SA11C-CN6516

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)
Pennsylvania Food PAC
Mailing Address 1029 Mumma Road PO Box 870

City State Zip Code
Wormleysburg PA 17043

FEC ID number of contributing federal political committee. **C** C00345660

Name of Employer Occupation
None None

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11C-CN6548

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 63
	<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) SheetzPac		Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 5700 Sixth Avenue		Transaction ID: SA11C-CN6547
	City Altoona	State PA	Zip Code 16602
	FEC ID number of contributing federal political committee. C C00219121		Amount of Each Receipt this Period 250.00
	Name of Employer None	Occupation None	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2900.00		

B.	Full Name (Last, First, Middle Initial) United Airlines Inc		Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address PO Box 66423		Transaction ID: SA11C-CN6543
	City Chicago	State IL	Zip Code 60666
	FEC ID number of contributing federal political committee. C C00078261		Amount of Each Receipt this Period 1000.00
	Name of Employer None	Occupation None	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) VFW		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 200 Maryland Ave NE		Transaction ID: SA11C-CN6518
	City Washington	State DC	Zip Code 20002
	FEC ID number of contributing federal political committee. C C00113001		Amount of Each Receipt this Period 1300.00
	Name of Employer None	Occupation None	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1300.00		

SUBTOTAL of Receipts This Page (optional)	▶	2550.00
TOTAL This Period (last page this line number only)	▶	22300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 31 / 63	
	(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

A.

Full Name (Last, First, Middle Initial)
US Postal Service

Mailing Address 525 Allegheny Street

City State Zip Code
Hollidaysburg PA 16648

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
963.99

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 8

Transaction ID: SA14-ER87

Amount of Each Receipt this Period
963.99

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

SUBTOTAL of Receipts This Page (optional)	▶	963.99
TOTAL This Period (last page this line number only)	▶	963.99

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) US Postal Service	Transaction ID: SB17-EX5780 Date of Disbursement 10 / 23 / 2008
	Mailing Address 525 Allegheny Street	Amount of Each Disbursement this Period 12.60
	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 Postage Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Postage

B.	Full Name (Last, First, Middle Initial) US Postal Service	Transaction ID: SB17-EX5783 Date of Disbursement 10 / 23 / 2008
	Mailing Address 525 Allegheny Street	Amount of Each Disbursement this Period 210.00
	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 Rolls of stamps Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Rolls of stamps

C.	Full Name (Last, First, Middle Initial) US Postal Service	Transaction ID: SB17-EX5818 Date of Disbursement 11 / 13 / 2008
	Mailing Address 525 Allegheny Street	Amount of Each Disbursement this Period 126.00
	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 Postage Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Postage

SUBTOTAL of Disbursements This Page (optional)	348.60
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) William Shuster Mailing Address 9 Overlook Drive City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Meals Candidate Name William Shuster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5802 Date of Disbursement 10 / 30 / 2008 Amount of Each Disbursement this Period 7.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Meals
B.	Full Name (Last, First, Middle Initial) William Shuster Mailing Address 9 Overlook Drive City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Traveling Expense Candidate Name William Shuster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5836 Date of Disbursement 11 / 21 / 2008 Amount of Each Disbursement this Period 185.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Traveling Expense
C.	Full Name (Last, First, Middle Initial) Ciocca Benton & Okonak P.C. Mailing Address 912 Pleasant Valley Blvd City Altoona State PA Zip Code 16602 Purpose of Disbursement HP Ink Cartridge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5810 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 72.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 HP Ink Cartridge

SUBTOTAL of Disbursements This Page (optional) ▶

264.32

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Copy Rite & Banner Zone

Mailing Address 301 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Lamination

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5832
Date of Disbursement

11 / 21 / 2008

Amount of Each Disbursement this Period

4.25

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

Lamination

B.

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

Mailing Address 1580 Orchard Drive

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
Franklin Co Campaign meals

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5774
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

80.00

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

Franklin Co Campaign meals

C.

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

Mailing Address 1580 Orchard Drive

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5867
Date of Disbursement

11 / 21 / 2008

Amount of Each Disbursement this Period

26.25

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

Meals

SUBTOTAL of Disbursements This Page (optional)

110.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) The Orchards Mailing Address 1580 Orchard Drive City Chambersburg State PA Zip Code 17201 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5868 Date of Disbursement 11 / 21 / 2008 Amount of Each Disbursement this Period 91.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Meals
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 660748 City Dallas State TX Zip Code 75266 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5824 Date of Disbursement 11 / 13 / 2008 Amount of Each Disbursement this Period 310.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone
C.	Full Name (Last, First, Middle Initial) State Farm Insurance Mailing Address 715 Lexington Avenue 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5815 Date of Disbursement 11 / 13 / 2008 Amount of Each Disbursement this Period 215.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Insurance

SUBTOTAL of Disbursements This Page (optional) ▶

616.41

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sunoco</p> <p>Mailing Address 1700 Seventh Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5863</p> <p>Date of Disbursement 11 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 47.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Gasoline</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sheetz Inc</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5851</p> <p>Date of Disbursement 11 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 16.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Gasoline</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sheetz Inc</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5852</p> <p>Date of Disbursement 11 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 21.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Gasoline</p>

SUBTOTAL of Disbursements This Page (optional) ▶

85.35

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sheetz Inc</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5853</p> <p>Date of Disbursement 11 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 5.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Meals</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sheetz Inc</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5854</p> <p>Date of Disbursement 11 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 44.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Gasoline</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Exxon</p> <p>Mailing Address 542 South Center Street</p> <p>City Ebensburg State PA Zip Code 15931</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5775</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 30.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Gasoline</p>

SUBTOTAL of Disbursements This Page (optional) ▶

79.60

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Staples-291 Altoona

Mailing Address Plank Road/Orchard Plaza

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Campaign computer

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5816
Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

1089.60

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

Campaign computer

B.

Full Name (Last, First, Middle Initial)
Staples-291 Altoona

Mailing Address Plank Road/Orchard Plaza

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Office supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5817
Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

125.07

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

Office supplies

C.

Full Name (Last, First, Middle Initial)
DJS Food Designs Inc

Mailing Address The Casino and Snappy Chef
300 Lakemont Park Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Catering for Fundraiser

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5761
Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

3775.83

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

Catering for Fundraiser

SUBTOTAL of Disbursements This Page (optional)

4990.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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

A.

Full Name (Last, First, Middle Initial)
PA UC Fund

Mailing Address PO Box 68568

City Harrisburg State PA Zip Code 17106

Purpose of Disbursement
3rd quarter 2008

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5790
Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

482.60

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

3rd quarter 2008

B.

Full Name (Last, First, Middle Initial)
Marlene Bendon

Mailing Address 2502 Quail Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Office supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5801
Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

20.13

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

Office supplies

C.

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

Mailing Address 1500 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5782
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

62.03

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

Meals

SUBTOTAL of Disbursements This Page (optional) ▶

564.76

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Various meals Candidate Name 002 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX5770 Date of Disbursement 10 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 330.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Various meals
B.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Various meals Candidate Name 002 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX5844 Date of Disbursement 11 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 1037.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Various meals
C.	Full Name (Last, First, Middle Initial) Wines And Spirits Store <hr/> Mailing Address 3415 Pleasant Valley Blvd <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Election Night Event Candidate Name 007 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX5877 Date of Disbursement 11 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 285.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Election Night Event

SUBTOTAL of Disbursements This Page (optional) ▶

1652.53

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) The Capital Grille</p> <p>Mailing Address 601 Pennsylvania Avenue NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement District Meeting dinner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX5777</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 205.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>District Meeting dinner</p>
<p>B. Full Name (Last, First, Middle Initial) Elizabeth Carter</p> <p>Mailing Address 314 East Capitol Street #505</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Election campaign expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX5837</p> <p>Date of Disbursement 11 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 638.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Election campaign expenses</p>
<p>C. Full Name (Last, First, Middle Initial) IS2 Technologies Inc.</p> <p>Mailing Address 3018 Pleasant Valley Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement New computer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX5799</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2123.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>New computer</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2967.10

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

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

Mailing Address 3018 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Computer maintenance

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17-EX5827
Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

185.00

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

Computer maintenance

B.

Full Name (Last, First, Middle Initial)
Bull Feathers

Mailing Address 410 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17-EX5784
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

288.94

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

Meals

C.

Full Name (Last, First, Middle Initial)
VA Department Of Taxation

Mailing Address PO Box 27264

City Richmond State VA Zip Code 23218

Purpose of Disbursement
September withholding taxes

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17-EX5789
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

419.32

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

September withholding taxes

SUBTOTAL of Disbursements This Page (optional) ▶

893.26

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 43 / 63

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Schneiders Of Capitol Hill <hr/> Mailing Address 300 Massachusetts Avenue NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Beverages for fundraiser Candidate Name 003 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX5776 Date of Disbursement 10 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 369.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Beverages for fundraiser
B.	Full Name (Last, First, Middle Initial) The Inn At Georgian Place <hr/> Mailing Address 800 Georgian Place Drive <hr/> City Somerset State PA Zip Code 15501 <hr/> Purpose of Disbursement Meals Candidate Name 002 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX5873 Date of Disbursement 11 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 49.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Meals
C.	Full Name (Last, First, Middle Initial) Roger Osbaugh <hr/> Mailing Address 1153 Leisure Drive <hr/> City Chambersburg State PA Zip Code 17202 <hr/> Purpose of Disbursement Mileage reimbursement Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX5840 Date of Disbursement 11 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 161.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Mileage reimbursement

SUBTOTAL of Disbursements This Page (optional) ▶	580.13
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

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

Mailing Address 1215 Seventh Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Candy for parade

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5876
Date of Disbursement

11 / 21 / 2008

Amount of Each Disbursement this Period

216.00

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

Candy for parade

B.

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

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5760
Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

1006.93

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

Telephone

C.

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

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5771
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

370.96

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

Telephone

SUBTOTAL of Disbursements This Page (optional)

1593.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 25505</p> <p>City Lehigh Valley State PA Zip Code 18002</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5830</p> <p>Date of Disbursement 11 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 754.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Telephone</p>
<p>B. Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 1721 Osgood Drive</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Telephone accessories Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5845</p> <p>Date of Disbursement 11 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 33.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Telephone accessories</p>
<p>C. Full Name (Last, First, Middle Initial) ATLANTIC broadband</p> <p>Mailing Address Box 371801</p> <p>City Pittsburgh State PA Zip Code 15250</p> <p>Purpose of Disbursement Internet Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5823</p> <p>Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 109.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Internet Service</p>

SUBTOTAL of Disbursements This Page (optional) ▶

897.91

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

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

Mailing Address 513 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
November 2008 Rent
Candidate Name

001
Category/
Type

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

Transaction ID: SB17-EX5794
Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

500.00

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

November 2008 Rent

B.

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

Mailing Address 513 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
December 2008 rent
Candidate Name

001
Category/
Type

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

Transaction ID: SB17-EX5841
Date of Disbursement

11 / 21 / 2008

Amount of Each Disbursement this Period

500.00

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

December 2008 rent

C.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 5620 University Pkwy

City Winston Salem State NC Zip Code 27105

Purpose of Disbursement
Airplane surcharge
Candidate Name

002
Category/
Type

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

Transaction ID: SB17-EX5858
Date of Disbursement

11 / 21 / 2008

Amount of Each Disbursement this Period

30.00

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

Airplane surcharge

SUBTOTAL of Disbursements This Page (optional) ▶

1030.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 5620 University Pkwy <hr/> City Winston Salem State NC Zip Code 27105 <hr/> Purpose of Disbursement Airplane surcharge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5859 Date of Disbursement 11 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Airplane surcharge
B.	Full Name (Last, First, Middle Initial) The Blairmont Club <hr/> Mailing Address 145 Larch Street <hr/> City Hollidaysburg State PA Zip Code 16648 <hr/> Purpose of Disbursement Campaign Dinner Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5848 Date of Disbursement 11 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 244.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Campaign Dinner
C.	Full Name (Last, First, Middle Initial) The Blairmont Club <hr/> Mailing Address 145 Larch Street <hr/> City Hollidaysburg State PA Zip Code 16648 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5849 Date of Disbursement 11 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 66.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Meals

SUBTOTAL of Disbursements This Page (optional) ▶

340.12

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 48 / 63

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Robbe E Diehl <hr/> Mailing Address 1070 N Royal Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Local taxes refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5792 Date of Disbursement 10 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Local taxes refund
B.	Full Name (Last, First, Middle Initial) Robbe E Diehl <hr/> Mailing Address 1070 N Royal Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Mileage and expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5826 Date of Disbursement 11 / 13 / 2008 <hr/> Amount of Each Disbursement this Period 489.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Mileage and expenses
C.	Full Name (Last, First, Middle Initial) Robbe E Diehl <hr/> Mailing Address 1070 N Royal Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Campaign Workers' Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5829 Date of Disbursement 11 / 13 / 2008 <hr/> Amount of Each Disbursement this Period 2906.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Campaign Workers' Salaries

SUBTOTAL of Disbursements This Page (optional) ▶

3471.11

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) S&T Bank Mailing Address 1100 Logan Blvd City Altoona State PA Zip Code 16602 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5769 Date of Disbursement 10 / 22 / 2008 Amount of Each Disbursement this Period 22.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Bank Service Charge
B.	Full Name (Last, First, Middle Initial) S&T Bank Mailing Address 1100 Logan Blvd City Altoona State PA Zip Code 16602 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5788 Date of Disbursement 10 / 23 / 2008 Amount of Each Disbursement this Period 22.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Bank Service Charge
C.	Full Name (Last, First, Middle Initial) S&T Bank Mailing Address 1100 Logan Blvd City Altoona State PA Zip Code 16602 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5806 Date of Disbursement 10 / 24 / 2008 Amount of Each Disbursement this Period 7.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Bank Service Charge

SUBTOTAL of Disbursements This Page (optional) ▶	51.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) S&T Bank</p> <p>Mailing Address 1100 Logan Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5814</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Bank Service Charge</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) e2c consulting Inc.</p> <p>Mailing Address PO Box 29576</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Consulting Fundraising Fee - Nov 08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5793</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Consulting Fundraising Fee - Nov 08</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) e2c consulting Inc.</p> <p>Mailing Address PO Box 29576</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Consulting Fundraising Fee - Dec 08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5842</p> <p>Date of Disbursement 11 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Consulting Fundraising Fee - Dec 08</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8025.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Brent Gates</p> <p>Mailing Address 310 Penn Street Suite 200</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Mileage reimbursement Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5764 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 134.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Mileage reimbursement</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Brent Gates</p> <p>Mailing Address 310 Penn Street Suite 200</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Car rental and mileage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5798 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 139.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Car rental and mileage</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Pour House</p> <p>Mailing Address 319 Pennsylvania Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Catering for fundraiser Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5785 Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 4846.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Catering for fundraiser</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5119.60

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Pour House</p> <p>Mailing Address 319 Pennsylvania Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Catering for Fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5786</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 658.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Catering for Fundraiser</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jennifer Mearkle</p> <p>Mailing Address 3022 Broad Avenue</p> <p>City Altoona State PA Zip Code 16601</p> <p>Purpose of Disbursement Office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5839</p> <p>Date of Disbursement 11 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 53.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Office supplies</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) McIntyre's Candies</p> <p>Mailing Address 1419 Eleventh Avenue</p> <p>City Altoona State PA Zip Code 16601</p> <p>Purpose of Disbursement 4 gift baskets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5781</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 220.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>4 gift baskets</p>

SUBTOTAL of Disbursements This Page (optional)	931.78
TOTAL 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

A.

Full Name (Last, First, Middle Initial)
Kiawah Island Golf Resort

Transaction ID: SB17-EX5861
Date of Disbursement

Mailing Address One Sanctuary Beach Drive

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

City State Zip Code
Johns Island SC 29455

Amount of Each Disbursement this Period

365.05

Purpose of Disbursement
Lodging

002

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Lodging

State: District:

B.

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

Transaction ID: SB17-EX5796
Date of Disbursement

Mailing Address 1100 Logan Blvd

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

City State Zip Code
Altoona PA 16602

Amount of Each Disbursement this Period

26.85

Purpose of Disbursement
EFTPS - October 2008

001

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

EFTPS - October 2008

State: District:

C.

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

Transaction ID: SB17-EX5805
Date of Disbursement

Mailing Address 1100 Logan Blvd

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

City State Zip Code
Altoona PA 16602

Amount of Each Disbursement this Period

15.72

Purpose of Disbursement
PA Telefile 3rd quarter 2008

001

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

PA Telefile 3rd quarter
2008

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

407.62

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5797 Date of Disbursement 10 / 16 / 2008
	Amount of Each Disbursement this Period 132.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone

B. Full Name (Last, First, Middle Initial) Fiore Chrysler Jeep Mailing Address Rte 36 Logan Blvd City Altoona State PA Zip Code 16602 Purpose of Disbursement Vehicle Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5864 Date of Disbursement 11 / 21 / 2008
	Amount of Each Disbursement this Period 335.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Vehicle Expenses

C. Full Name (Last, First, Middle Initial) Jeremy Shoemaker Mailing Address 613 Lincoln Way West City Chambersburg State PA Zip Code 17201 Purpose of Disbursement Mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5765 Date of Disbursement 10 / 21 / 2008
	Amount of Each Disbursement this Period 709.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Mileage reimbursement

SUBTOTAL of Disbursements This Page (optional) ▶	1177.08
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

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

Mailing Address 301 Maple Hollow Road

City Duncansville State PA Zip Code 16635

Purpose of Disbursement
Payroll 10/01/2008 to 10/31/2008

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5795
Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

150.00

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

Payroll 10/01/2008 to 10/31/2008

B.

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

Mailing Address 565 E. Swedesford Road Suite 100

City Wayne State PA Zip Code 19087

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5773
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

51.80

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

Meals

C.

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

Mailing Address 1416 Philadelphia Street

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Mileage reimbursement/meals

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5807
Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

563.72

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

Mileage reimbursement/meals

SUBTOTAL of Disbursements This Page (optional)

765.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

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

Transaction ID: SB17-EX5787
Date of Disbursement

Mailing Address 140 Littleton Road Suite 320

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

City Parsippany State NJ Zip Code 07054

Amount of Each Disbursement this Period

35890.16

Purpose of Disbursement
Direct Mail Brochures
Candidate Name

006

Category/
Type

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

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

Direct Mail Brochures

B.

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

Transaction ID: SB17-EX5768
Date of Disbursement

Mailing Address 140 Littleton Road Suite 320

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

City Parsippany State NJ Zip Code 07054

Amount of Each Disbursement this Period

70540.32

Purpose of Disbursement
Direct Mail Brochures
Candidate Name

006

Category/
Type

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

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

Direct Mail Brochures

C.

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

Transaction ID: SB17-EX5811
Date of Disbursement

Mailing Address 140 Littleton Road Suite 320

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

City Parsippany State NJ Zip Code 07054

Amount of Each Disbursement this Period

1813.92

Purpose of Disbursement
GOTV phone calls
Candidate Name

005

Category/
Type

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

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

GOTV phone calls

SUBTOTAL of Disbursements This Page (optional)

108244.40

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) Campbell Holste Inc.</p> <p>Mailing Address 140 Littleton Road Suite 320</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement Traveling expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5828</p> <p>Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 478.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Traveling expenses</p>
<p>B. Full Name (Last, First, Middle Initial) 7P's Deli And Catering</p> <p>Mailing Address 402 E. Catherine Street</p> <p>City Chambersburg State PA Zip Code 17201</p> <p>Purpose of Disbursement Catering for Fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5762</p> <p>Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Catering for Fundraiser</p>
<p>C. Full Name (Last, First, Middle Initial) Jamie Boone</p> <p>Mailing Address 1200 N. Veitch Street Apartment #1041</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Mileage reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX5825</p> <p>Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 505.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Mileage reimbursement</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4983.95

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
NPC

Mailing Address PO Box 373

City Claysburg State PA Zip Code 16625

Purpose of Disbursement

Reelection Flyers

Candidate Name

006
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5800

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

2511.50

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

Reelection Flyers

B.

Full Name (Last, First, Middle Initial)
James Buchanan Pub & Restaurant

Mailing Address 15 North Main Street

City Mercersburg State PA Zip Code 17236

Purpose of Disbursement

Meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5866

Date of Disbursement

11 / 21 / 2008

Amount of Each Disbursement this Period

163.02

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

Meals

C.

Full Name (Last, First, Middle Initial)
Anthony's Italian Restaurant

Mailing Address 1101 Flamingo Drive

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Campaign dinner

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5880

Date of Disbursement

11 / 21 / 2008

Amount of Each Disbursement this Period

226.33

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

Campaign dinner

SUBTOTAL of Disbursements This Page (optional)

2900.85

TOTAL This Period (last page this line number only)

153092.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Indiana Co Republican Committee

Transaction ID: SB21-EX5808
Date of Disbursement

Mailing Address c/o John Risinger
1250 Indian Springs Road

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

City Indiana State PA Zip Code 15701

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
Fall Dinner donation

012

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Fall Dinner donation

State: District:

B.

Full Name (Last, First, Middle Initial)
Penn's Woods Council #508

Transaction ID: SB21-EX5812
Date of Disbursement

Mailing Address c/o Sharon Ackerman
357 Berkley's Mill Road

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

City Meyersdale State PA Zip Code 15552

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
Salute to Women Luncheon

012

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Salute to Women Luncheon

State: District:

C.

Full Name (Last, First, Middle Initial)
Friends Of Rich Alloway

Transaction ID: SB21-EX5759
Date of Disbursement

Mailing Address PO Box 351

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

City Chambersburg State PA Zip Code 17201

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
State Senate contribution

011

Category/
Type

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

Candidate Name
Friends Of Rich Alloway

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State Senate contribution

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1300.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Northern Cambria Area Business Alliance

Transaction ID: SB21-EX5804
Date of Disbursement

Mailing Address c/o William R. Crowe MBA CCP
290 Haida Avenue

10 / 30 / 2008

City State Zip Code
Hastings PA 16642

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation

Category/
Type

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

Candidate Name

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

Donation

State: District:

B.

Full Name (Last, First, Middle Initial)
Cunningham Meats

Transaction ID: SB21-EX5809
Date of Disbursement

Mailing Address 81 Cunningham Road

10 / 31 / 2008

City State Zip Code
Indiana PA 15701

Amount of Each Disbursement this Period

Purpose of Disbursement
Pig Auction donation

Category/
Type

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

Candidate Name

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

Pig Auction donation

State: District:

C.

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

Transaction ID: SB21-EX5833
Date of Disbursement

Mailing Address c/o Jake Kaufman Treasurer
914 Wallace Avenue

11 / 21 / 2008

City State Zip Code
Chambersburg PA 17201

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

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

Candidate Name
Shawn Meyers For Judge Committee

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

Contribution

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 61 / 63

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Responsibility & Freedom Work PAC

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Political Contribution

Candidate Name
Responsibility & Freedom Work PAC

011
Category/
Type

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

State: District:

Transaction ID: SB21-EX5834
Date of Disbursement

11 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

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

Political Contribution

B. Full Name (Last, First, Middle Initial)
Altoona Ramada Conference Center

Mailing Address 1 Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Christmas Tree Sponsor

Candidate Name

012
Category/
Type

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

State: District:

Transaction ID: SB21-EX5835
Date of Disbursement

11 / 21 / 2008

Amount of Each Disbursement this Period

125.00

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

Christmas Tree Sponsor

SUBTOTAL of Disbursements This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

3199.11

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DJS Food Designs Inc	Nature of Debt (Purpose): Invoice: Catering for Fundraiser Solitic
Mailing Address The Casino and Snappy Chef 300 Lakemont Park Blvd	
City Altoona State PA ZIP Code 16602	

Outstanding Balance Beginning This Period 3775.83	Transaction ID: SD9-INV5615	
Amount Incurred This Period .00	Payment This Period 3775.83	Outstanding Balance at Close of This Period .00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Wireless	Nature of Debt (Purpose): Invoice: Telephone Administrative/Salary
Mailing Address PO Box 25505	
City Lehigh Valley State PA ZIP Code 18002	

Outstanding Balance Beginning This Period 1006.93	Transaction ID: SD9-INV5614	
Amount Incurred This Period .00	Payment This Period 1006.93	Outstanding Balance at Close of This Period .00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 7P's Deli And Catering	Nature of Debt (Purpose): Invoice: Catering for Fundraiser Solitic
Mailing Address 402 E. Catherine Street	
City Chambersburg State PA ZIP Code 17201	

Outstanding Balance Beginning This Period 4000.00	Transaction ID: SD9-INV5616	
Amount Incurred This Period .00	Payment This Period 4000.00	Outstanding Balance at Close of This Period .00

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	.00

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 ATLANTIC broadband			Nature of Debt (Purpose): Invoice: Internet Service Administrative
Mailing Address Box 371801			
City Pittsburgh	State PA	ZIP Code 15250	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10-INV5739	
Amount Incurred This Period <input type="text" value="56.72"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="56.72"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10-INV5738	
Amount Incurred This Period <input type="text" value="132.83"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="132.83"/>	

1) SUBTOTALS This Period This Page (optional).....	189.55
2) TOTALS This Period (last page this line number only).....	189.55
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	189.55