

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.   
**BILL SHUSTER FOR CONGRESS**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)     
CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER**   
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
STATE DISTRICT

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

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

5. Covering Period  11 / 29 / 2016 through  12 / 31 / 2016

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 KILGORE, PAUL, A.,  
Signature of Treasurer KILGORE, PAUL, A., [Electronically Filed] Date  01 / 31 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**BILL SHUSTER FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	3500.00	5100.00
(b) Total Contribution Refunds (from Line 20(d)) .....	3550.00	3550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-50.00	1550.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	145554.84	330088.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	18.62	18.62
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	145536.22	330070.21
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	225322.62	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**BILL SHUSTER FOR CONGRESS**

Report Covering the Period: From:   /   2016 To:   /   2016

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500.00	2000.00
(ii) Unitemized.....	0.00	100.00
(iii) TOTAL of contributions from individuals ▶	500.00	2100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	3000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3500.00	5100.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	18.62	18.62
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	3518.62	5118.62

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14554.84	330088.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	3550.00	3550.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3550.00	3550.00
21. OTHER DISBURSEMENTS .....	0.00	125.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	149104.84	333763.83

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	370908.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3518.62
25. SUBTOTAL (add Line 23 and Line 24).....	374427.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	149104.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	225322.62

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

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

FOR LINE NUMBER: PAGE 5 OF 47  
(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)  
**ROBERTS, ROD, C, ,**  
 Mailing Address 6034 W COURTYARD DR STE. 205  
 City AUSTIN State TX Zip Code 78730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LANCER RESOURCES, LP Occupation OIL & GAS  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2016  
**Transaction ID : SA11AI.114715**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item  
 AS PREVIOUSLY REPORTED

**B.** Full Name (Last, First, Middle Initial)  
**ROBERTS, ROD, C, ,**  
 Mailing Address 6034 W COURTYARD DR STE. 205  
 City AUSTIN State TX Zip Code 78730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LANCER RESOURCES, LP Occupation OIL & GAS  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 -2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2016  
**Transaction ID : SA11AI.115357**  
 Amount of Each Receipt this Period  
 -2700.00  
 Memo Item  
 REATTRIBUTED TO ROBERTS, PAULETTE

**C.** Full Name (Last, First, Middle Initial)  
**ROBERTS, PAULETTE, , ,**  
 Mailing Address 6034 W. COURTYARD DR. STE. 205  
 City AUSTIN State TX Zip Code 78730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PAULETTE GREENE GROUP Occupation REALTOR  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2016  
**Transaction ID : SA11AI.115358**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item  
 REATTRIBUTED FROM ROBERTS, ROD

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**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 6 OF 47	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<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)  
**WANNER, JOHN, D.,**

Mailing Address 908 NORTH 2ND STREET

City HARRISBURG	State PA	Zip Code 17102
--------------------	-------------	-------------------

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

Name of Employer WANNER ASSOCIATES	Occupation PRESIDENT
---------------------------------------	-------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2016

**Transaction ID : SA11AI.115359**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 47  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A. Full Name (Last, First, Middle Initial)**  
**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address C/O G&A;W 2201 WISCONSIN AVE., N  
SUITE 320

City WASHINGTON State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2016

**Transaction ID : SA11C.115467**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**SAFARI CLUB INTERNATIONAL PAC**

Mailing Address 4800 GATES PASS RD W

City TUCSON State AZ Zip Code 85745

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

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2016

**Transaction ID : SA11C.115345**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 47			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 814 CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2016		
Mailing Address 5827 COLFAX AVE.					
City ALEXANDRIA	State VA	Zip Code 22311	FEC Identification Number C		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	Amount of Each Disbursement this Period 7528.79		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016		
Mailing Address 1 ADP BLVD					
City ROSELAND	State NJ	Zip Code 07068	FEC Identification Number C		
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	Amount of Each Disbursement this Period 7285.04		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016		
Mailing Address 1 ADP BLVD					
City ROSELAND	State NJ	Zip Code 07068	FEC Identification Number C		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Amount of Each Disbursement this Period 15765.78		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	<input type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30579.61
<b>TOTAL</b> This Period (last page this line number only).....	(Empty field)

**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 9 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BEENER, ASHLEY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016	
Mailing Address 701 THOMPSON AVE			FEC Identification Number C	
City DONORA	State PA	Zip Code 15033	Amount of Each Disbursement this Period 1530.97	
Purpose of Disbursement STAFF SALARY		Category/ Type 001	Transaction ID : SB17.115117	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BOOCKS, MEGHAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016	
Mailing Address 511 PAYNE HILL ROAD APT 212			FEC Identification Number C	
City JEFFERSON HILLS	State PA	Zip Code 15025	Amount of Each Disbursement this Period 1677.39	
Purpose of Disbursement STAFF SALARY		Category/ Type 001	Transaction ID : SB17.115118	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CONTRES, CASEY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016	
Mailing Address 2213 7TH AVE APT. A			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 4777.63	
Purpose of Disbursement STAFF SALARY		Category/ Type 001	Transaction ID : SB17.115119	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MENZLER, TYLER, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016	
Mailing Address 701 THOMPSON AVE			FEC Identification Number C	
City DONORA	State PA	Zip Code 15033	Amount of Each Disbursement this Period 2446.09	
Purpose of Disbursement STAFF SALARY		Category/ Type 001	Transaction ID : SB17.115121	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. PSYHOGIOS-SMITH, BRITTANY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016	
Mailing Address 700 S. COURTHOUSE RD. #404			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22204	Amount of Each Disbursement this Period 834.60	
Purpose of Disbursement STAFF SALARY		Category/ Type 001	Transaction ID : SB17.115122	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. RODGERS, KEVIN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016	
Mailing Address 5403 TALON CT			FEC Identification Number C	
City CLARKSVILLE	State MD	Zip Code 21029	Amount of Each Disbursement this Period 1708.07	
Purpose of Disbursement STAFF SALARY		Category/ Type 001	Transaction ID : SB17.115123	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016		
Mailing Address PO BOX 1023			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 2620.15		
Purpose of Disbursement STAFF SALARY		Category/ Type 001	Transaction ID : SB17.115124		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2016		
Mailing Address 1 ADP BLVD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 136.28		
Purpose of Disbursement PAYROLL SERVICE FEES		Category/ Type 001	Transaction ID : SB17.115252		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 1 ADP BLVD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 21617.44		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.115312		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	21753.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BEENER, ASHLEY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 701 THOMPSON AVE			FEC Identification Number C	
City DONORA	State PA	Zip Code 15033	Amount of Each Disbursement this Period 945.29	
Purpose of Disbursement SALARY		Category/ Type 001	Transaction ID : SB17.115313	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BOOCKS, MEGHAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 511 PAYNE HILL ROAD APT 212			FEC Identification Number C	
City JEFFERSON HILLS	State PA	Zip Code 15025	Amount of Each Disbursement this Period 1677.39	
Purpose of Disbursement SALARY		Category/ Type 001	Transaction ID : SB17.115314	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BROWN, JOEY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 210 BIG POND RD			FEC Identification Number C	
City SHIPPENSBURG	State PA	Zip Code 17257	Amount of Each Disbursement this Period 3644.15	
Purpose of Disbursement SALARY		Category/ Type 001	Transaction ID : SB17.115315	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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**

Full Name (Last, First, Middle Initial) <b>A. CONTRES, CASEY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 2213 7TH AVE APT. A			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 7785.97		
Purpose of Disbursement SALARY		Category/ Type 001	Transaction ID : SB17.115316		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. MENZLER, TYLER, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 701 THOMPSON AVE			FEC Identification Number C		
City DONORA	State PA	Zip Code 15033	Amount of Each Disbursement this Period 4191.87		
Purpose of Disbursement SALARY		Category/ Type 001	Transaction ID : SB17.115317		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. RODGERS, KEVIN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 5403 TALON CT			FEC Identification Number C		
City CLARKSVILLE	State MD	Zip Code 21029	Amount of Each Disbursement this Period 992.30		
Purpose of Disbursement SALARY		Category/ Type 001	Transaction ID : SB17.115318		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address PO BOX 1023			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 2380.47		
Purpose of Disbursement SALARY		Category/ Type 001	Transaction ID : SB17.115319		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 1 ADP BLVD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 11448.29		
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	Transaction ID : SB17.115320		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2016		
Mailing Address 1 ADP BLVD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 172.81		
Purpose of Disbursement PAYROLL SERVICE FEES		Category/ Type 001	Transaction ID : SB17.115370		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11621.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 1 ADP BLVD		FEC Identification Number C
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement SEE MEMO	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 5866.54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. MEARKLE, JENNIFER, , MS.,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 3022 BROAD AVE		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16601
Purpose of Disbursement STAFF SALARY	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 170.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. PSYHOGIOS-SMITH, BRITTANY, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 700 S. COURTHOUSE RD. #404		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22204
Purpose of Disbursement STAFF SALARY	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 834.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5866.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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**

Full Name (Last, First, Middle Initial) <b>A. CONTRES, CASEY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016		
Mailing Address 2213 7TH AVE APT. A			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 2240.73		
Purpose of Disbursement STAFF SALARY		Category/ Type 001	Transaction ID : SB17.115364		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016		
Mailing Address PO BOX 1023			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 2620.25		
Purpose of Disbursement STAFF SALARY		Category/ Type 001	Transaction ID : SB17.115365		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016		
Mailing Address 1 ADP BLVD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 2259.14		
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	Transaction ID : SB17.115366		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2259.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 8345.42		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.115132		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. HERTZ RENT-A-CAR</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 520 EAST PLANK ROAD			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 476.12		
Purpose of Disbursement CAR RENTAL		Category/ Type 001	Transaction ID : SB17.115133		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. SHEETZ INC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 5700 SIXTH AVENUE			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 292.24		
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.115136		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8345.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address 1200 E ALGONQUIN ROAD			FEC Identification Number C	
City ELK GROVE VILLAGE	State IL	Zip Code 60007	Amount of Each Disbursement this Period 1342.20	
Purpose of Disbursement AIRFARE		Category/ Type 001	Transaction ID : SB17.115138	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WE THE PIZZA</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address 305 PENNSYLVANIA AVENUE SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 262.83	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.115139	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. JETBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address 118-29 QUEENS BLVD.			FEC Identification Number C	
City FOREST HILLS	State NY	Zip Code 11375	Amount of Each Disbursement this Period 313.20	
Purpose of Disbursement AIRFARE		Category/ Type 001	Transaction ID : SB17.115141	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address PO BOX 619612 MD 2400			FEC Identification Number C	
City DALLAS	State TX	Zip Code 75261	Amount of Each Disbursement this Period 1213.20	
Purpose of Disbursement AIRFARE		Category/ Type 001	Transaction ID : SB17.115142	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address 400 N CAPITOL STREET NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Disbursement this Period 190.00	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.115143	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address PO BOX 1270			FEC Identification Number C	
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 153.00	
Purpose of Disbursement TRAVEL INSURANCE		Category/ Type 001	Transaction ID : SB17.115145	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EMPIRE CHAUFFEURED LIMOUSINE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016
Mailing Address 7901 CAMERON ROAD BLD 3 STE 230		FEC Identification Number C
City AUSTIN	State TX	Zip Code 78754
Purpose of Disbursement TRAVEL EXPENSE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 234.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.115147	

Full Name (Last, First, Middle Initial) <b>B. HOTEL MONACO</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016
Mailing Address 700 F STREET NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement LODGING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 376.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.115149	

Full Name (Last, First, Middle Initial) <b>C. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016
Mailing Address 702 SW 8TH ST		FEC Identification Number C
City BENTONVILLE	State AR	Zip Code 72716
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 85.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.115150	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016
Mailing Address PLANK ROAD/ORCHARD PLAZA		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 42.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FAIRFIELD INN</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016
Mailing Address 1122 WAYNE ROAD		FEC Identification Number C
City CHAMBERSBURG	State PA	Zip Code 17201
Purpose of Disbursement LODGING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 285.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016
Mailing Address PO BOX 15026		FEC Identification Number C
City ALBANY	State NY	Zip Code 12212
Purpose of Disbursement TELEPHONE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 22.49
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 1 HACKER WAY			FEC Identification Number C		
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 824.55		
Purpose of Disbursement ONLINE ADVERTISING		Category/ Type 001	Transaction ID : SB17.115161		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. SCHNEIDERS OF CAPITOL HILL</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 300 MASSACHUSETTS AVENUE NE			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 945.25		
Purpose of Disbursement EVENT BEVERAGES		Category/ Type 001	Transaction ID : SB17.115162		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ENTERPRISE RENT-A-CAR</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 1525 KENWOOD AVENUE			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22302	Amount of Each Disbursement this Period 405.91		
Purpose of Disbursement CAR RENTAL		Category/ Type 001	Transaction ID : SB17.115163		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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**

Full Name (Last, First, Middle Initial) <b>A. THE BLAIRMONT CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address 145 LARCH STREET			FEC Identification Number C	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Amount of Each Disbursement this Period 161.50	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.115167	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ATLANTIC BROADBAND</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2016	
Mailing Address BOX 371801			FEC Identification Number C	
City PITTSBURGH	State PA	Zip Code 15250	Amount of Each Disbursement this Period 600.70	
Purpose of Disbursement TELEPHONE/INTERNET		Category/ Type 001	Transaction ID : SB17.115347	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BEENER, ASHLEY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address 701 THOMPSON AVE			FEC Identification Number C	
City DONORA	State PA	Zip Code 15033	Amount of Each Disbursement this Period 425.60	
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.115169	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1026.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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**

Full Name (Last, First, Middle Initial) <b>A. BERKE FARAH LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016
Mailing Address 2101 L STREET NW STE. 1000		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20037
Purpose of Disbursement LEGAL FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BLAIR CO REPUBLICAN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016
Mailing Address C/O BETH BRITZ 1009 NEWRY LANE		FEC Identification Number C
City DUNCANSVILLE	State PA	Zip Code 16635
Purpose of Disbursement OFFICE RENT EXPENSE	Category/ Type 001	
Candidate Name <b>BLAIR CO REPUBLICAN COMMITTEE</b>		Amount of Each Disbursement this Period 250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BOOCKS, MEGHAN, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016
Mailing Address 511 PAYNE HILL ROAD APT 212		FEC Identification Number C
City JEFFERSON HILLS	State PA	Zip Code 15025
Purpose of Disbursement SEE MEMO	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 258.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2008.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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**

Full Name (Last, First, Middle Initial) <b>A. PHOENIX PARK HOTELS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016	
Mailing Address 520 N CAPITOL STREET NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Disbursement this Period 258.96	
Purpose of Disbursement LODGING		Category/ Type 001	Transaction ID : SB17.115342	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BROWN, JOEY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address 210 BIG POND RD			FEC Identification Number C	
City SHIPPENSBURG	State PA	Zip Code 17257	Amount of Each Disbursement this Period 1121.11	
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.115181	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BROWN, JOEY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address 210 BIG POND RD			FEC Identification Number C	
City SHIPPENSBURG	State PA	Zip Code 17257	Amount of Each Disbursement this Period 772.80	
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.115182	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1121.11
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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**

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address PO BOX 15026			FEC Identification Number C		
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 252.48		
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.115185		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. BROWN, DOMINQUE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 335 CHANNING DR			FEC Identification Number C		
City CHAMBERSBURG	State PA	Zip Code 17201	Amount of Each Disbursement this Period 250.00		
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.115174		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. BRUBAKER, RICHARD, I., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 249 CROSS VALLEY ROAD			FEC Identification Number C		
City WILLIAMSBURG	State PA	Zip Code 16693	Amount of Each Disbursement this Period 450.00		
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.115195		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BULL, NANCY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 322 RIDGE AVENUE			FEC Identification Number C	
City WAYNESBORO	State PA	Zip Code 17268	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.115253	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BULL, NANCY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 322 RIDGE AVENUE			FEC Identification Number C	
City WAYNESBORO	State PA	Zip Code 17268	Amount of Each Disbursement this Period 412.10	
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.115281	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BULL, NANCY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 322 RIDGE AVENUE			FEC Identification Number C	
City WAYNESBORO	State PA	Zip Code 17268	Amount of Each Disbursement this Period 337.68	
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.115282	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3412.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHEETZ INC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 5700 SIXTH AVENUE			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 21.58	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.115286	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BULL, NANCY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2016	
Mailing Address 322 RIDGE AVENUE			FEC Identification Number C	
City WAYNESBORO	State PA	Zip Code 17268	Amount of Each Disbursement this Period 1403.00	
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.115348	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. TARGET</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2016	
Mailing Address 153 SIERRA DRIVE			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 775.00	
Purpose of Disbursement VOLUNTEER GIFT CARDS		Category/ Type 001	Transaction ID : SB17.115350	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1403.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHEETZ INC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2016		
Mailing Address 5700 SIXTH AVENUE			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 600.00		
Purpose of Disbursement VOLUNTEER GIFT CARDS		Category/ Type 001	Transaction ID : SB17.115351		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016		
Mailing Address 1593 SPRING HILL ROAD SUITE 400			FEC Identification Number C		
City TYSONS CORNER	State VA	Zip Code 22182	Amount of Each Disbursement this Period 4.20		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.115128		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. CONTRES, CASEY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 2213 7TH AVE APT. A			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 2338.18		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.115266		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2342.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CONTRES, CASEY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 2213 7TH AVE APT. A			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 215.04	
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.115267	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AMAZON.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 2646 RAINIER AVENUE S			FEC Identification Number C	
City SEATTLE	State WA	Zip Code 98144	Amount of Each Disbursement this Period 285.34	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : SB17.115268	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. COPY RITE &amp; BANNER ZONE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 301 ALLEGHENY STREET			FEC Identification Number C	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Amount of Each Disbursement this Period 275.60	
Purpose of Disbursement PRINTING		Category/ Type 001	Transaction ID : SB17.115272	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016
Mailing Address PLANK ROAD/ORCHARD PLAZA		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 214.12
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ALTOONA GRAND HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016
Mailing Address 1 SHERATON DR.		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16601
Purpose of Disbursement LODGING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 175.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ENTERPRISE RENT-A-CAR</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016
Mailing Address 1525 KENWOOD AVENUE		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Disbursement CAR RENTAL	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 252.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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**

Full Name (Last, First, Middle Initial) <b>A. SHEETZ INC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 5700 SIXTH AVENUE			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 49.47	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.115276	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WAL-MART</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 702 SW 8TH ST			FEC Identification Number C	
City BENTONVILLE	State AR	Zip Code 72716	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : SB17.115277	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address PO BOX 15026			FEC Identification Number C	
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 158.26	
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.115278	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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**

Full Name (Last, First, Middle Initial) <b>A. COURTESY FORD</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2016		
Mailing Address 401 PLEASANT VALLEY BLVD.			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement CAMPAIGN CAR		Category/ Type 001	Transaction ID : SB17.115321		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. DIESEL, MARIA, I, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 1533 JOHNNYS WAY			FEC Identification Number C		
City WEST CHESTER	State PA	Zip Code 19382	Amount of Each Disbursement this Period 844.00		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	Transaction ID : SB17.115189		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ELECTEKUSA</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address PO BOX 23715			FEC Identification Number C		
City CHAGRIN FALLS	State OH	Zip Code 44023	Amount of Each Disbursement this Period 2474.04		
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.115176		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8318.04
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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**

Full Name (Last, First, Middle Initial) <b>A. FINOCHIO, AUSTIN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 1205 N MONTGOMERY ST			FEC Identification Number C		
City HOLLIDAYSBURG	State PA	Zip Code 16648	Amount of Each Disbursement this Period 370.00		
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.115170		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. FIRST COMMONWEALTH BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016		
Mailing Address CREDIT CARD DEPT PO BOX 0537			FEC Identification Number C		
City INDIANA	State PA	Zip Code 15701	Amount of Each Disbursement this Period 766.23		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.115325		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016		
Mailing Address PLANK ROAD/ORCHARD PLAZA			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 26.49		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : SB17.115329		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1136.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WAL-MART</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016	
Mailing Address 702 SW 8TH ST			FEC Identification Number C	
City BENTONVILLE	State AR	Zip Code 72716	Amount of Each Disbursement this Period 171.15	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : SB17.115332	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SHEETZ INC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016	
Mailing Address 5700 SIXTH AVENUE			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 223.60	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.115333	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FIRST COMMONWEALTH BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016	
Mailing Address CREDIT CARD DEPT PO BOX 0537			FEC Identification Number C	
City INDIANA	State PA	Zip Code 15701	Amount of Each Disbursement this Period 14.93	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : SB17.115339	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HATHAWAY, MORIAH, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address 369 CEYLON RD			FEC Identification Number C	
City CARMICHAELS	State PA	Zip Code 15320	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.115191	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. HOLLIDAYSBURG AREA YOUTH FOOTBALL ASSOC.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address PO BOX 96			FEC Identification Number C	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Amount of Each Disbursement this Period 650.00	
Purpose of Disbursement ADVERTISING EXPENSE		Category/ Type 001	Transaction ID : SB17.115178	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. I360</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address PO BOX 37046			FEC Identification Number C	
City BALTIMORE	State MD	Zip Code 21297	Amount of Each Disbursement this Period 1054.84	
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.115179	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1904.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JOHNSON, CHRISTIAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 300 ROOSEVELT AVE			FEC Identification Number C		
City HOLLIDAYSBURG	State PA	Zip Code 16648	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.115173		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. KENDALL, EMILY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 566 MEADOW GROUND RD			FEC Identification Number C		
City MCCONNELLSBURG	State PA	Zip Code 17233	Amount of Each Disbursement this Period 628.32		
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.115177		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. LILLY &amp; COMPANY</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016		
Mailing Address 1005 CONGRESS AVE STE 910			FEC Identification Number C		
City AUSTIN	State TX	Zip Code 78701	Amount of Each Disbursement this Period 2973.38		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	Transaction ID : SB17.115340		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4101.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MAVERICK FINANCE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 403 N SECOND STREET 2ND FL			FEC Identification Number C		
City HARRISBURG	State PA	Zip Code 17101	Amount of Each Disbursement this Period 9058.44		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	Transaction ID : SB17.115190		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. MCGAHEN, MAGGIE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 924 WATER ST			FEC Identification Number C		
City INDIANA	State PA	Zip Code 15701	Amount of Each Disbursement this Period 200.00		
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.115188		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. MONTEZUMA, NICHOLAS, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 739 LOCUST ST			FEC Identification Number C		
City INDIANA	State PA	Zip Code 15701	Amount of Each Disbursement this Period 200.00		
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.115192		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9458.44
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PSYHOGIOS-SMITH, BRITTANY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 700 S. COURTHOUSE RD. #404					
City ARLINGTON	State VA	Zip Code 22204	FEC Identification Number C		
Purpose of Disbursement MILEAGE		Category/ Type 001	Amount of Each Disbursement this Period 203.84		
Candidate Name		Transaction ID : SB17.115255			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. RED MAVERICK MEDIA LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 401 N. SECOND STREET					
City HARRISBURG	State PA	Zip Code 17101	FEC Identification Number C		
Purpose of Disbursement AUTOMATED CALLS/ONLINE ADVERTISING		Category/ Type 001	Amount of Each Disbursement this Period 7465.99		
Candidate Name		Transaction ID : SB17.115194			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. STEFANO'S PRINTING</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 266 FURNACE HILL ROAD					
City DUNBAR	State PA	Zip Code 15431	FEC Identification Number C		
Purpose of Disbursement PRINTING		Category/ Type 001	Amount of Each Disbursement this Period 736.70		
Candidate Name		Transaction ID : SB17.115198			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8406.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STELTEK GRAPHICS INC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016		
Mailing Address ONE CORPORATE DRIVE SUITE 105					
City BEDFORD	State PA	Zip Code 15522	FEC Identification Number C		
Purpose of Disbursement PRINTING			Amount of Each Disbursement this Period 1747.81		
Candidate Name			Transaction ID : SB17.115344		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address PO BOX 1023					
City ALTOONA	State PA	Zip Code 16603	FEC Identification Number C		
Purpose of Disbursement SEE MEMO			Amount of Each Disbursement this Period 1875.94		
Candidate Name			Transaction ID : SB17.115299		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address PO BOX 1023					
City ALTOONA	State PA	Zip Code 16603	FEC Identification Number C		
Purpose of Disbursement MILEAGE			Amount of Each Disbursement this Period 498.40		
Candidate Name			Transaction ID : SB17.115300		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3623.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 525 ALLEGHENY STREET			FEC Identification Number C	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Amount of Each Disbursement this Period 6.45	
Purpose of Disbursement POSTAGE		Category/ Type 001	Transaction ID : SB17.115301	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WAL-MART</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 702 SW 8TH ST			FEC Identification Number C	
City BENTONVILLE	State AR	Zip Code 72716	Amount of Each Disbursement this Period 769.88	
Purpose of Disbursement GIFT CARDS		Category/ Type 001	Transaction ID : SB17.115302	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address PLANK ROAD/ORCHARD PLAZA			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 85.84	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : SB17.115308	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SUNGALA, REBEKAH, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 545 OLD NATIONAL PIKE			FEC Identification Number C		
City BROWNSVILLE	State PA	Zip Code 15417	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.115254		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. SUNGALA, REBEKAH, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 545 OLD NATIONAL PIKE			FEC Identification Number C		
City BROWNSVILLE	State PA	Zip Code 15417	Amount of Each Disbursement this Period 4326.70		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.115287		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. SUNGALA, REBEKAH, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 545 OLD NATIONAL PIKE			FEC Identification Number C		
City BROWNSVILLE	State PA	Zip Code 15417	Amount of Each Disbursement this Period 865.50		
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.115288		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7326.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SENSIBLE CAR RENTAL</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 123 CROSSROADS ROAD			FEC Identification Number C	
City SCOTTDALE	State PA	Zip Code 15683	Amount of Each Disbursement this Period 1890.22	
Purpose of Disbursement CAR RENTAL		Category/ Type 001	Transaction ID : SB17.115291	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address PLANK ROAD/ORCHARD PLAZA			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 549.50	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : SB17.115292	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. JETBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 118-29 QUEENS BLVD.			FEC Identification Number C	
City FOREST HILLS	State NY	Zip Code 11375	Amount of Each Disbursement this Period 356.20	
Purpose of Disbursement AIRFARE		Category/ Type 001	Transaction ID : SB17.115293	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LORRAINE'S FAMILY RESTAURANT</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address 1001 GUTTMAN BLVD			FEC Identification Number C	
City CHARLEROI	State PA	Zip Code 15022	Amount of Each Disbursement this Period 150.31	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.115294	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016	
Mailing Address PO BOX 15026			FEC Identification Number C	
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 939.34	
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.115200	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2016	
Mailing Address PO BOX 15026			FEC Identification Number C	
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 362.30	
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.115355	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1301.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2016		
Mailing Address PO BOX 15026			FEC Identification Number C		
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 888.48		
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.115356		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. WELL DUNN CATERING</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 513 MORSE STREET NE			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 4436.07		
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.115311		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. WHITACKER, KYLE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 221 HAMMER DR			FEC Identification Number C		
City DUNCANSVILLE	State PA	Zip Code 16635	Amount of Each Disbursement this Period 325.00		
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.115187		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5649.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WISE, VINCENT, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 226 S MARKET ST			FEC Identification Number C		
City CARMICHAELS	State PA	Zip Code 15320	Amount of Each Disbursement this Period 200.00		
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.115201		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. WOOD, JOSHUA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 547 2ND ST			FEC Identification Number C		
City CALIFORNIA	State PA	Zip Code 15419	Amount of Each Disbursement this Period 200.00		
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Transaction ID : SB17.115186		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	144066.80

**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 47 OF 47			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PARKER, DOUG, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address 3517 LEXINGTON AVE.					
City DALLAS	State TX	Zip Code 75205	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2000.00		
Candidate Name		Transaction ID : SB20A.115175			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. WHEELER, JOAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 198 PINNACLE CIRCLE					
City SOMERSET	State PA	Zip Code 15501	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Amount of Each Disbursement this Period 1550.00		
Candidate Name		Transaction ID : SB20A.115280			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	FEC Identification Number C		
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3550.00