

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Bill Shuster for Congress

ADDRESS (number and street)

PO Box 27

Check if different than previously reported. (ACC)

Hollidaysburg

PA

16848

2. **FEC IDENTIFICATION NUMBER**

C00364935

CITY

STATE

ZIP CODE

STATE DISTRICT

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

PA 9

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 07 01 2004 through 09 30 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Frederick A Ciocca

Signature of Treasurer Electronically Filed by Frederick A Ciocca Date 10 14 2004

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
0 7 0 1 2 0 0 4 0 9 3 0 2 0 0 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	82175.00	991549.19
(b) Total Contribution Refunds (from Line 20(d)).....	.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	82175.00	990549.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	64972.17	1021892.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	203.42	1923.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	64768.75	1019968.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	38183.66	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	118422.69	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Bill Shuster for Congress

Report Covering the Period: From: ^{M M} 0 7 ^{D J} 0 1 ^{Y Y Y Y} 2 0 0 4 To: ^{V V} 0 9 ^{U J} 3 0 ^{Y Y Y Y} 2 0 0 4

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	27075.00	
(i) Itemized (use Schedule A).....	2000.00	
(ii) Unitemized.....		
(iii) TOTAL of contributions	29075.00	412004.36
from individuals..... ▶		
(b) Political Party Committees.....	1000.00	1411.50
(c) Other Political Committees (such as PACS).....	52100.00	578133.33
(d) The Candidate.....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	82175.00	991549.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	.00	.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	.00	2000.00
(b) All Other Loans.....	.00	11000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	.00	13000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	203.42	1923.55
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	.00	3500.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	82378.42	1009972.74

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	64972.17	1021892.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of all Other Loans.....	.00	5496.50
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	5496.50
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	.00	1000.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	1000.00
<hr/>		
21. OTHER DISBURSEMENTS.....	560.00	37810.35
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	65532.17	1066199.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	21337.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	82378.42
25. SUBTOTAL (add Line 23 and Line 24).....	103715.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	65532.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	38183.66

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 168

(check only one)

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

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) A. David K Goodman, Jr.		Date of Receipt M / D / Y 08 / 20 / 2004
Mailing Address 2015 Ellis Avenue		Transaction ID: SA11Ai-CN4086
City Huntingdon	State PA	Zip Code 16652
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer DC Goodman and Sons Inc	Occupation President/Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Louis Dupart		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 802 Crews Road		Transaction ID: SA11Ai-CN4116
City Great Falls	State VA	Zip Code 22066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Fleischman/Walsh LLP	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. John L McIntyre		Date of Receipt M / D / Y 09 / 23 / 2004
Mailing Address 183 Sylvan Oaks Drive		Transaction ID: SA11Ai-CN4103
City Hollidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 168

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input 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

Full Name (Last, First, Middle Initial) A. Lewis Eckert Robb And Co		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address Suite 425 One Plymouth Meeting		Transaction ID: SA11Ai-CN4060
City Plymouth Meeting	State PA	Zip Code 19462
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Robert C Robb, Jr		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address One Plymouth Meeting Suite 425		Transaction ID: SA11Ai-CN4061
City Plymouth Meeting	State PA	Zip Code 19462
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lewis Eckert, Robb & Co	Occupation President/Partner	Partnership-Lewis Eckert Robb And Co Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) [MEMO ITEM] \$250.00 MEMO Partnership Attributed
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. James C Miller		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 207 Concord Street		Transaction ID: SA11Ai-CN4052
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer S&T Bank	Occupation Banker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

Full Name (Last, First, Middle Initial) A. David D Osikowicz		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address PD Box 343		Transaction ID: SA11Ai-CN4075
City Punxsutawney	State PA	Zip Code 15767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Entrepreneur	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. William M Darr		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 1117 Mansfield Avenue		Transaction ID: SA11Ai-CN4043
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Barber, Sothle & Darr, PC	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Roger J Reschini		Date of Receipt M / D / Y 08 / 05 / 2004
Mailing Address 922 Philadelphia Street		Transaction ID: SA11Ai-CN4037
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Reschini Group	Occupation President/CEO	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

Full Name (Last, First, Middle Initial) A. Michael J Donnelly		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 118 Greenview Drive		Transaction ID: SA11Ai-CN4045
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Indiana Gazette	Occupation Publisher	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. John A Bonye		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 134 S Sixth Street		Transaction ID: SA11Ai-CN4039
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bonye Gazza & Degory, LLP	Occupation Attorney/Partner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Rodney D Gretter		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address PO Box 1022		Transaction ID: SA11Ai-CN4048
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wachovia Securities	Occupation Broker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 168

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input 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

Full Name (Last, First, Middle Initial) A. G Daniel Pushnok		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 134 Sandra Street		Transaction ID: SA11Ai-CN4077
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Quintech Electronics & Co- mmunications Receipt For: 2004 Primary X General Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. James B Calhoun		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 780 White Farm Road		Transaction ID: SA11Ai-CN4040
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer FMC Technologies Inc Receipt For: 2004 Primary X General Other (specify) ▼	Occupation Business Manager Election Cycle-to-Date ▼ 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) C. John W Clark, Jr.		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 208 High Street		Transaction ID: SA11Ai-CN4042
City Blairsville	State PA	Zip Code 15717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Clark Metal Products Co Receipt For: 2004 Primary X General Other (specify) ▼	Occupation CEO-Retired Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

Full Name (Last, First, Middle Initial) A. Robert S Marcus		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 57 South Sixth Street		Transaction ID: SA11Ai-CN4093
City	State	Zip Code
Indiana	PA	15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer McGregor Motor Company, Inc.	Occupation Auto Dealer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. R. Roger Smith		Date of Receipt M / D / Y 09 / 08 / 2004
Mailing Address 287 Red Maple Drive		Transaction ID: SA11Ai-CN4097
City	State	Zip Code
Homer City	PA	15748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Indiana University of PA	Occupation Professor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. David F Taylor		Date of Receipt M / D / Y 07 / 12 / 2004
Mailing Address 708 West Braddock Road		Transaction ID: SA11Ai-CN4029
City	State	Zip Code
Alexandria	VA	22302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Capitol Solutions Gov't Relations LLC	Occupation Government Relations Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 168
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Brian A. Krsak		Date of Receipt M / D / Y 07 / 12 / 2004
Mailing Address 850 South 13th Street Unit 123 #115		Transaction ID: SA11Ai-CN4030
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: 2004 Primary X General Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. Robin Reschini		Date of Receipt M / D / Y 08 / 05 / 2004
Mailing Address 922 Philadelphia Street		Transaction ID: SA11Ai-CN4038
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Reschini Insurance Agency Inc Receipt For: 2004 Primary X General Other (specify) ▼	Occupation Officer Election Cycle-to-Date ▼ 2000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) C. David A. Clark, Sr.		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 5 Miller Drive		Transaction ID: SA11Ai-CN4041
City Blairsville	State PA	Zip Code 15717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Clark Metal Products Co Receipt For: 2004 Primary X General Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

Full Name (Last, First, Middle Initial) A. Clark D Harrison		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 4897 Logans Ferry Road		Transaction ID: SA11Ai-CN4049
City Murrysville	State PA	Zip Code 15668
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CQ Inc.	Occupation Engineer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. William L Hughes		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 5815 RT 422 Hwy W		Transaction ID: SA11Ai-CN4050
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer 422 Home Sales	Occupation Self Employed Sales	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Rodney D Ruddock		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 485 Edgewood Avenue		Transaction ID: SA11Ai-CN4053
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Indiana County	Occupation County Commissioner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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 Detailed Summary Page

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 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Geely W Walwork		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 102 Country Club Lane		Transaction ID: SA11Ai-CN4056
City Kittanning	State PA	Zip Code 16201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Wayne Goral		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 7 Whites Woods Trail		Transaction ID: SA11Ai-CN4066
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Goral Enterprises, Inc	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. J. Clifford Forrest		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 304 Sixth Street		Transaction ID: SA11Ai-CN4067
City Oakmont	State PA	Zip Code 15139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1125.00
Name of Employer Rosebud Mining Company	Occupation Owner	split donation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1125.00	

SUBTOTAL of Receipts This Page (optional)	▶	2375.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
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Use separate schedule(s)
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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Tracy L Forest		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 304 Sixth Street		Transaction ID: SA11Ai-CN4068
City Oakmont	State PA	Zip Code 15139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1125.00
Name of Employer none	Occupation Housewife	split check Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1125.00	

Full Name (Last, First, Middle Initial) B. D. Courtney Black		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 208 Logan Drive		Transaction ID: SA11Ai-CN4069
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Indiana University of Pennsylvania	Occupation Government Programs	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Samuel H Clark		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 127 Hamilton Street		Transaction ID: SA11Ai-CN4071
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3125.00
TOTAL This Period (last page this line number only)	▶	

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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Nancy Doverspike		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 429 North Eighth Street		Transaction ID: SA11Ai-CN4072
City	State	Zip Code
Indiana	PA	15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Victory Energy	Occupation Co-owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Christine J Olson		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 242B Oak Drive		Transaction ID: SA11Ai-CN4074
City	State	Zip Code
Indiana	PA	15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer S W Jack Heliport	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. David M Prushnok		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 222 Forrest Ridge Road		Transaction ID: SA11Ai-CN4078
City	State	Zip Code
Indiana	PA	15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Quintech Electronics & Co-communications	Occupation Officer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

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Use separate schedule(s)
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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Steven P Tunick		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 173D Philadelphia Street		Transaction ID: SA11Ai-CN4082
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Amenitas Life Ins Co	Occupation Insurance Agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Barry D Rhoads		Date of Receipt M / D / Y 08 / 20 / 2004
Mailing Address 8793 Father John Ct		Transaction ID: SA11Ai-CN4084
City Mc Lean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Rhoads Group	Occupation Government Affairs	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Jacqueline M Katz		Date of Receipt M / D / Y 08 / 20 / 2004
Mailing Address 13075 Old Winery Road		Transaction ID: SA11Ai-CN4085
City Poway	State CA	Zip Code 92064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3)
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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input 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

Full Name (Last, First, Middle Initial) A. Andrew K. Maloney		Date of Receipt M / D / Y 08 / 30 / 2004
Mailing Address 3020 Macomb Street, NW		Transaction ID: SA11Ai-CN4092
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Federalist Group	Occupation Lobbyist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Robert L. Smith, II		Date of Receipt M / D / Y 09 / 20 / 2004
Mailing Address 1124 10th Street NW Unit 1-A		Transaction ID: SA11Ai-CN4107
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Venable LLP	Occupation Legislative Advisor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Terry Haines		Date of Receipt M / D / Y 09 / 23 / 2004
Mailing Address 1200 First Street #1638		Transaction ID: SA11Ai-CN4109
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Alexander Strategy Group	Occupation Partner/Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Bruce R Hironimus		Date of Receipt M / D / Y 09 / 23 / 2004
Mailing Address 585 Lovell Court		Transaction ID: SA11Ai-CN4110
City Hummelstown	State PA	Zip Code 17036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HPA Consulting LLC	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Michael H Mihalka		Date of Receipt M / D / Y 09 / 23 / 2004
Mailing Address 1699 Foxhall Road NW		Transaction ID: SA11Ai-CN4111
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Alexander Strategy Group	Occupation Senior Partner/Political Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	27075.00

**SCHEDULE A (FEC Form 3)
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Use separate schedule(s)
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(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

Full Name (Last, First, Middle Initial) A. CSX Corp Good Govt Fund		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 1331 Pennsylvania Avenue NW Suite 560 National Place		Transaction ID: SA11C-CN4119
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00163832		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. National Utility Contractors		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 4301 N Fairfax Drive Suite 360		Transaction ID: SA11C-CN4032
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C CD0004101		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. AGRE		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 4301 Wilson Boulevard		Transaction ID: SA11C-CN4057
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C CD0002972		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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<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

Full Name (Last, First, Middle Initial) A. UPS		Date of Receipt M / D / Y 08 / 25 / 2004
Mailing Address 55 Glenlake Parkway NE		Transaction ID: SA11C-CN4089
City Atlanta	State GA	Zip Code 30328
FEC ID number of contributing federal political committee. C C00064766		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9500.00	

Full Name (Last, First, Middle Initial) B. Ashland Inc.		Date of Receipt M / D / Y 08 / 05 / 2004
Mailing Address PO Box 391		Transaction ID: SA11C-CN4035
City Ashland	State KY	Zip Code 41114
FEC ID number of contributing federal political committee. C C00075894		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Real Estate Investment Trusts		Date of Receipt M / D / Y 08 / 29 / 2004
Mailing Address 1875 Eye Street NW Suite 600		Transaction ID: SA11C-CN4113
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. C C00303339		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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(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

Full Name (Last, First, Middle Initial) A. National Restaurant Assoc		Date of Receipt M / D / Y 09 / 08 / 2004
Mailing Address 1200 17th Street NW		Transaction ID: SA11C-CN4101
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee. C C00003764		Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00	

Full Name (Last, First, Middle Initial) B. Federal Express		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 942 S Shady Grove Road		Transaction ID: SA11C-CN4123
City	State	Zip Code
Memphis	TN	38120
FEC ID number of contributing federal political committee. C C00068892		Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00	

Full Name (Last, First, Middle Initial) C. Highmark Health		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 1800 Center Street		Transaction ID: SA11C-CN4085
City	State	Zip Code
Camp Hill	PA	17089
FEC ID number of contributing federal political committee. C C00302844		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	▶	5250.00
TOTAL This Period (last page this line number only)	▶	

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(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

Full Name (Last, First, Middle Initial) A. FirstEnergy		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 78 S Main Street		Transaction ID: SA11C-CN4034
City Akron	State OH	Zip Code 44308
FEC ID number of contributing federal political committee. C C00140855		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) B. Perry Co Republican		Date of Receipt M / D / Y 08 / 05 / 2004
Mailing Address 421 W. Main Street		Transaction ID: SA11C-CN4036
City New Bloomfield	State PA	Zip Code 17068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Credit Union Legislative		Date of Receipt M / D / Y 08 / 08 / 2004
Mailing Address 601 Pennsylvania Avenue NW South Bldg Suite 800		Transaction ID: SA11C-CN4096
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C CD0007850		Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 8500.00	

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. NRA-Political Victory Fund		Date of Receipt M / D / Y 08 / 25 / 2004
Mailing Address 11250 Waples Mill Road		Transaction ID: SA11C-CN4090
City	State	Zip Code
Fairfax	VA	22030
FEC ID number of contributing federal political committee. C C00053553		Amount of Each Receipt this Period 450.00
Name of Employer none	Occupation none	Debt Retirement Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4050.00	

Full Name (Last, First, Middle Initial) B. NRA-Political Victory Fund		Date of Receipt M / D / Y 08 / 25 / 2004
Mailing Address 11250 Waples Mill Road		Transaction ID: SA11C-CN4091
City	State	Zip Code
Fairfax	VA	22030
FEC ID number of contributing federal political committee. C C00053553		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 6850.00	

Full Name (Last, First, Middle Initial) C. Realtors		Date of Receipt M / D / Y 08 / 20 / 2004
Mailing Address 430 North Michigan Avenue		Transaction ID: SA11C-CN4088
City	State	Zip Code
Chicago	IL	60611
FEC ID number of contributing federal political committee. C C00030718		Amount of Each Receipt this Period 4500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	▶	6950.00
TOTAL This Period (last page this line number only)	▶	

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Atia Group Inc.		Date of Receipt M / D / Y 07 / 12 / 2004
Mailing Address 120 Park Avenue		Transaction ID: SA11C-CN4031
City New York	State NY	Zip Code 10017
FEC ID number of contributing federal political committee. C C00089136		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 1101 17th Street NW No. 800		Transaction ID: SA11C-CN4122
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00107300		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Daty Educational		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 10220 N Ambassador Drive PO Box 809700		Transaction ID: SA11C-CN4120
City Kansas City	State MO	Zip Code 64150
FEC ID number of contributing federal political committee. C C00001358		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 168

(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

Full Name (Last, First, Middle Initial) A. Air Products Political Alliance		Date of Receipt M / D / Y 09 / 08 / 2004
Mailing Address PD Box 441		Transaction ID: SA11C-CN4098
City Trexlerstown	State PA	Zip Code 18087
FEC ID number of contributing federal political committee. C C00127258		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Manitowoc Company, Inc		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address PD Box 1101 1800 Ely Street		Transaction ID: SA11C-CN4115
City Marinette	State WI	Zip Code 54143
FEC ID number of contributing federal political committee. C CD0287847		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) C. S&T Bank		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address PD Box 190 800 Philadelphia Street		Transaction ID: SA11C-CN4054
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C CD0263483		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 168

(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

Full Name (Last, First, Middle Initial) A. First Commonwealth Financial Corp		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 22 North Sixth Street PO Box 400		Transaction ID: SA11C-CN4059
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C C00348185		Amount of Each Receipt this Period 200.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Edison International		Date of Receipt M / D / Y 09 / 08 / 2004
Mailing Address 2244 Walnut Grove Avenue		Transaction ID: SA11C-CN4089
City Rosemead	State CA	Zip Code 91770
FEC ID number of contributing federal political committee. C CD0019853		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Sonnenschein		Date of Receipt M / D / Y 09 / 27 / 2004
Mailing Address 1301 K Street NW		Transaction ID: SA11C-CN4125
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C CD0216127		Amount of Each Receipt this Period 3500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	4700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 168

(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

Full Name (Last, First, Middle Initial) A. Deloitte & Touche Federal		Date of Receipt M / D / Y 09 / 27 / 2004
Mailing Address PD Box 365		Transaction ID: SA11C-CN4124
City Washington	State DC	Zip Code 20044
FEC ID number of contributing federal political committee. C C00211318		Amount of Each Receipt this Period 3000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

Full Name (Last, First, Middle Initial) B. Safari Club International		Date of Receipt M / D / Y 08 / 30 / 2004
Mailing Address 4800 W. Gates Pass Road		Transaction ID: SA11C-CN4084
City Tucson	State AZ	Zip Code 85745
FEC ID number of contributing federal political committee. C CD0122101		Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) C. Hardwood Federation		Date of Receipt M / D / Y 09 / 20 / 2004
Mailing Address PD Box 34518		Transaction ID: SA11C-CN4104
City Memphis	State TN	Zip Code 38184
FEC ID number of contributing federal political committee. C CD0398671		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 168

(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

Full Name (Last, First, Middle Initial) A. Hill & Knowlton		Date of Receipt M / D / Y 08 / 30 / 2004
Mailing Address 901 31st Street NW		Transaction ID: SA11C-CN4093
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. C C00183087		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. General Electric Company		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 1299 Pennsylvania Avenue NW Suite 1100		Transaction ID: SA11C-CN4121
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00024869		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Friends of Dave Reed		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address PO Box 1440		Transaction ID: SA11C-CN4046
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 168

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Friends of Dave Reed		Date of Receipt M / D / Y 09 / 08 / 2004
Mailing Address PD Box 1440		Transaction ID: SA11C-CN4095
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Friends of Joseph Scamhi		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address PD Box 177		Transaction ID: SA11C-CN4047
City Brockway	State PA	Zip Code 15824
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Waste Management		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 601 Pennsylvania Avenue NW Suite 300 North Building		Transaction ID: SA11C-CN4064
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C CD0119D08		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	1950.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 168

(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

Full Name (Last, First, Middle Initial) A. Comcast Corporation		Date of Receipt M / D / Y 08 / 20 / 2004
Mailing Address 1500 Market Street 35th Floor		Transaction ID: SA11C-CN4087
City Philadelphia	State PA	Zip Code 19102
FEC ID number of contributing federal political committee. C C00248716		Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Kirkpatrick & Lockhart		Date of Receipt M / D / Y 09 / 08 / 2004
Mailing Address 535 Smithfield Street Room 1500		Transaction ID: SA11C-CN4100
City Pittsburgh	State PA	Zip Code 15222
FEC ID number of contributing federal political committee. C CD0199788		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Growth & Prosperity		Date of Receipt M / D / Y 09 / 20 / 2004
Mailing Address 1155 21st Street NW Suite 300		Transaction ID: SA11C-CN4105
City Washington	State DC	Zip Code 20038
FEC ID number of contributing federal political committee. C CD0388793		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 31 / 168

(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

Full Name (Last, First, Middle Initial) A. Ven		Date of Receipt M / D / Y 09 / 20 / 2004
Mailing Address PD Box 70002		Transaction ID: SA11C-CN4108
City Washington	State DC	Zip Code 20024
FEC ID number of contributing federal political committee. C C00369860		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. ARDA-RDC		Date of Receipt M / D / Y 09 / 20 / 2004
Mailing Address 1201 15th Street NW Suite 400		Transaction ID: SA11C-CN4114
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00358883		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Road to Victory		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 1155 21st Street NW Suite 300		Transaction ID: SA11C-CN4117
City Washington	State DC	Zip Code 20038
FEC ID number of contributing federal political committee. C C00385377		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 168

(check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. ITPE		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 1125 15th Street NW Suite 501		Transaction ID: SA11C-CN4118
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C C00286419	Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	52100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 168

(check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. New Frontier Fund		Date of Receipt M / D / Y 09 / 08 / 2004
Mailing Address PD Box 1440		Transaction ID: SA11B-CN4102
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 168

(check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. AT&T Wireless Services		Date of Receipt M / D / Y 07 / 10 / 2004
Mailing Address PD 944039		Transaction ID: SA14-ER60
City Maitland	State FL	Zip Code 32794
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.82
Name of Employer	Occupation	Expenditure Refund Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 471.05	

SUBTOTAL of Receipts This Page (optional)	▶	24.82
TOTAL This Period (last page this line number only)	▶	24.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Greener And Hook

Mailing Address 1875 Eye Street NW
Suite 54D

City Washington State DC Zip Code 20006

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: SB17-EX2971
Date of Disbursement

07 / 02 / 2004

Amount of Each Disbursement this Period

2039.39

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

Advertising Expenses Media

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

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3016
Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

0.28

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

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

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3017
Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

32.30

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

SUBTOTAL of Disbursements This Page (optional) ▶

2080.97

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Pine Grill Inc

Mailing Address 800 N Center Avenue

City Somerset State PA Zip Code 15501

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3018

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

29.70

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. Staples-291 Altoona

Mailing Address Plank Road/Orchard Plaza

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3018

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

34.08

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

Administrative/Salary/Ove-
 rhead Expenses Office Exp-
 enses

Full Name (Last, First, Middle Initial)

C. The Dream Restaurant

Mailing Address 1500 Allegheny Street

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3020

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

53.42

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

117.20

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Microsoft Online Services

Mailing Address One Microsoft Way

City Redmond State WA Zip Code 98052

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3021

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

19.95

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

Administrative/Salary/Overhead Expenses Office Expenses

Full Name (Last, First, Middle Initial)

B. U.S. House Members Dine

Mailing Address Street Required

City Washington State DC Zip Code 20515

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3022

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

0.95

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. Confertel

Mailing Address 2385 Camino Vida Roble Suite 112

City Carlsbad State CA Zip Code 92009

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3023

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

159.80

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

Administrative/Salary/Overhead Expenses Telephone

SUBTOTAL of Disbursements This Page (optional) ▶

189.70

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3056

Date of Disbursement

08 / 19 / 2004

Amount of Each Disbursement this Period

222.00

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

Administrative/Salary/Ove-
 rhead Expenses Postage

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3057

Date of Disbursement

08 / 19 / 2004

Amount of Each Disbursement this Period

88.68

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

Administrative/Salary/Ove-
 rhead Expenses Postage

Full Name (Last, First, Middle Initial)

C. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16802

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3058

Date of Disbursement

08 / 19 / 2004

Amount of Each Disbursement this Period

5.71

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

Administrative/Salary/Ove-
 rhead Expenses Office Exp-
 enses

SUBTOTAL of Disbursements This Page (optional) ▶

316.39

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 516-520 W. Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3064
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

41.35

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)
B. Allegro Restaurant

Mailing Address 3926 Broad Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3068
Date of Disbursement

08 / 19 / 2004

Amount of Each Disbursement this Period

70.00

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
C. Curve Baseball LP

Mailing Address 1000 Park Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3065
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

85.97

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

177.32

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Eckerd Drug

Mailing Address 3331 Pleasant Valley

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3086

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

29.70

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

B. Red Lobster

Mailing Address 3330 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3087

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

40.00

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3088

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

1850.00

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

Administrative/Salary/Ove-
rhead Expenses Postage

SUBTOTAL of Disbursements This Page (optional) ▶

1913.70

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address Plank Road/Orchard Plaza

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3069
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

24.18

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)
B. Eckerd Drug

Mailing Address 3331 Pleasant Valley

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3070
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

12.06

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)
C. Wick Copy Center

Mailing Address 503 E Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3071
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

78.28

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

115.53

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Wick Copy Center

Mailing Address 503 E Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3072

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

72.08

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

B. Jethros

Mailing Address 417 Parkview Lane

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3073

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

40.00

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. The Olive Garden

Mailing Address 3315 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3074

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

167.43

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

279.51

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Keystone Novelty

Mailing Address 1315 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3075
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

21.60

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

B. Staples-291 Altoona

Mailing Address Plank Road/Orchard Plaza

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3076
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

231.67

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

C. Postal Express

Mailing Address 301 Union Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3077
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

14.18

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

Administrative/Salary/Ove-
rhead Expenses Postage

SUBTOTAL of Disbursements This Page (optional) ▶

267.45

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Party Time Rentals

Mailing Address 420 Blair Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3078

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

81.20

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

B. Wick Copy Center

Mailing Address 503 E Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3078

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

69.96

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

C. Copy Rite

Mailing Address 301 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3080

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

203.52

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

354.68

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. Curve Baseball LP

Mailing Address 1000 Park Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3081
 Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

200.00

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

Administrative/Salary/Ove-
 rhead Expenses Office Exp-
 enses

Full Name (Last, First, Middle Initial)
 B. Haute on the Hill

Mailing Address PO Box 912

City Great Falls State VA Zip Code 22066

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

003
 Category/
 Type

Transaction ID: SB17-EX2988
 Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

312.56

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

Solicitation and Fundrais-
 ing Expenses Fundraising

Full Name (Last, First, Middle Initial)
 C. No. 1 Chinese Restaurant

Mailing Address 3309 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX2990
 Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

15.00

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

527.56

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Tortilla Coast

Mailing Address 400 First Street SE

City Washington State DC Zip Code 20001

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX2991

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

25.00

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. Exxon

Mailing Address 542 South Center Street

City Ebensburg State PA Zip Code 15601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2992

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

19.30

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)

C. Courtyard By Marriott

Mailing Address 2 Convention Center Blvd

City Altoona State PA Zip Code 16802

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX2993

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

80.70

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

Travel Expenses Lodging

SUBTOTAL of Disbursements This Page (optional) ▶

105.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. The Capital Grille

Mailing Address 601 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX2994

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

136.15

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. U.S. House Of Representatives

Mailing Address House Gift Shop
B-217 Longworth Bldg

City Washington State DC Zip Code 20515

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2995

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

0.00

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

C. Public Opinion Newspaper

Mailing Address PO Box 498

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2996

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

8.70

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

153.85

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Exxon

Mailing Address 542 South Center Street

City Ebensburg State PA Zip Code 15931

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2997

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

29.00

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)

B. Amoco

Mailing Address RD 2 Box 12C

City Bedford State PA Zip Code 15622

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2998

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

30.41

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)

C. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16802

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3047

Date of Disbursement

08 / 29 / 2004

Amount of Each Disbursement this Period

23.08

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

SUBTOTAL of Disbursements This Page (optional) ▶

82.49

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. The Orchards

Mailing Address 1580 Orchard Drive

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

003
 Category/
 Type

Transaction ID: SB17-EX3048

Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

160.74

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

Solicitation and Fundrais-
 ing Expenses Fundraising

Full Name (Last, First, Middle Initial)

B. The Orchards

Mailing Address 1580 Orchard Drive

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

003
 Category/
 Type

Transaction ID: SB17-EX3141

Date of Disbursement

08 / 17 / 2004

Amount of Each Disbursement this Period

355.97

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

Solicitation and Fundrais-
 ing Expenses Fundraising

Full Name (Last, First, Middle Initial)

C. The Dream Restaurant

Mailing Address 1500 Allegheny Street

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3050

Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

20.46

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

537.17

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Courtyard By Marriott

Mailing Address 2 Convention Center Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3049
 Date of Disbursement
 08 / 23 / 2004

Amount of Each Disbursement this Period
 118.81

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

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)
B. Kinkos Copies

Mailing Address 204 Michigan Avenue NE

City Washington State DC Zip Code 20017

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3051
 Date of Disbursement
 08 / 23 / 2004

Amount of Each Disbursement this Period
 85.28

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

Administrative/Salary/Overhead Expenses Office Expenses

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

Mailing Address 542 South Center Street

City Ebensburg State PA Zip Code 15831

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3052
 Date of Disbursement
 08 / 23 / 2004

Amount of Each Disbursement this Period
 27.78

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

Administrative/Salary/Overhead Expenses Vehicle Expenses

SUBTOTAL of Disbursements This Page (optional) ▶ **231.88**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Pathfinder Communications, LLC

Mailing Address 603 Swedesford Road
 Swedesford Corporate Center
 City Malvern State PA Zip Code 19355

Purpose of Disbursement Expenditure
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼
 State: District

004
 Category/
 Type

Transaction ID: SB17-EX3110
 Date of Disbursement
 09 / 17 / 2004
 Amount of Each Disbursement this Period
 3935.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
 Advertising Expenses Media

Full Name (Last, First, Middle Initial)
B. Pathfinder Communications, LLC

Mailing Address 603 Swedesford Road
 Swedesford Corporate Center
 City Malvern State PA Zip Code 19355

Purpose of Disbursement Expenditure
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼
 State: District

004
 Category/
 Type

Transaction ID: SB17-EX3111
 Date of Disbursement
 09 / 17 / 2004
 Amount of Each Disbursement this Period
 5685.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
 Advertising Expenses Media

Full Name (Last, First, Middle Initial)
C. Pathfinder Communications, LLC

Mailing Address 603 Swedesford Road
 Swedesford Corporate Center
 City Malvern State PA Zip Code 19355

Purpose of Disbursement Expenditure
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼
 State: District

004
 Category/
 Type

Transaction ID: SB17-EX3112
 Date of Disbursement
 09 / 17 / 2004
 Amount of Each Disbursement this Period
 380.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
 Advertising Expenses Media

SUBTOTAL of Disbursements This Page (optional) ▶ **10000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360002

City Malvern State PA Zip Code 33336

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3082

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

35.00

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

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360002

City Malvern State PA Zip Code 33336

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3083

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

61.44

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

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

Full Name (Last, First, Middle Initial)

C. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16802

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3084

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

28.30

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

SUBTOTAL of Disbursements This Page (optional) ▶

124.74

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. The Miners Rest

Mailing Address 807 Fourth Avenue

City Patton State PA Zip Code 16808

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3085

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

90.00

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. Texaco Inc

Mailing Address 123 Path Valley Road

City Fort Loudon State PA Zip Code 17224

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3086

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

32.20

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
 Administrative/Salary/Overhead Expenses Vehicle Expenses

Full Name (Last, First, Middle Initial)

C. Red Lobster

Mailing Address 3330 Pleasant Valley Blvd

City Altoona State PA Zip Code 16802

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3087

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

100.00

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

222.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16802

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3088
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

24.40

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

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

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3088
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

109.63

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
C. Radio Shack

Mailing Address Plank Road Commons
2764 Old Rte 220

City Altoona State PA Zip Code 16801

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3091
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

20.87

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

154.90

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Microsoft Online Services

Mailing Address One Microsoft Way

City Redmond State WA Zip Code 98052

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3092

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

10.38

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

B. Staples-291 Altoona

Mailing Address Plank Road/Orchard Plaza

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3093

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

77.01

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

C. Bi-Lo Foods

Mailing Address Orchard Plaza

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3095

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

80.13

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

147.52

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Outback Steakhouse

Mailing Address 100 Sheraton Drive

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3096
 Date of Disbursement
 08 / 26 / 2004

Amount of Each Disbursement this Period
 57.40

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

Travel Expenses Meals

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

Mailing Address 1700 Seventh Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3097
 Date of Disbursement
 08 / 26 / 2004

Amount of Each Disbursement this Period
 21.74

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

Administrative/Salary/Overhead Expenses Vehicle Expenses

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

Mailing Address Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3098
 Date of Disbursement
 08 / 26 / 2004

Amount of Each Disbursement this Period
 80.31

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶ **159.45**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3099
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

42.96

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)
B. TGI Fridays

Mailing Address Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3100
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

53.48

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
C. TGI Fridays

Mailing Address Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3101
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

238.44

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

335.88

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3102

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

59.24

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)

B. AT&T Wireless Services

Mailing Address PO 944039

City Maitland State FL Zip Code 32704

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3103

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

180.52

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

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

C. Zachs Sports And Spirits

Mailing Address 5820 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3104

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

50.25

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

290.01

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Confertel

Mailing Address 2385 Camino Vida Roble
Suite 112

City Carlsbad State CA Zip Code 92009

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3105

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

182.80

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

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

B. Confertel

Mailing Address 2385 Camino Vida Roble
Suite 112

City Carlsbad State CA Zip Code 92009

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3115

Date of Disbursement

08 / 17 / 2004

Amount of Each Disbursement this Period

318.80

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

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

C. Altoona Mirror

Mailing Address PO Box 2008

City Altoona State PA Zip Code 16802

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3106

Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

25.00

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

526.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. U.S. House Members Dine

Mailing Address Street Required

City Washington State DC Zip Code 20515

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3107
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

79.80

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

Travel Expenses Meals

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

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3108
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

10.01

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

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

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3116
Date of Disbursement

08 / 17 / 2004

Amount of Each Disbursement this Period

10.15

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

SUBTOTAL of Disbursements This Page (optional) ▶

93.76

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Papa John's Pizza

Mailing Address 3014 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3117

Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

18.95

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. Papa John's Pizza

Mailing Address 3014 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3118

Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

18.95

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. Papa John's Pizza

Mailing Address 3014 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3119

Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

18.95

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

54.85

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Wick Copy Center

Mailing Address 503 E Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3123

Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

4.58

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

B. Papa John's Pizza

Mailing Address 3014 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3120

Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

29.43

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. Allegro Restaurant

Mailing Address 3928 Broad Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3126

Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

30.00

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

63.99

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. Keystone Novelty

Mailing Address 1315 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3127
 Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

28.05

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

Administrative/Salary/Ove-
 rhead Expenses Office Exp-
 enses

Full Name (Last, First, Middle Initial)
 B. Uno Chicago Grill

Mailing Address 206 E. Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3131
 Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

30.00

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

Travel Expenses Meals

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

Mailing Address Plank Road/Orchard Plaza

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3132
 Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

54.95

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

Administrative/Salary/Ove-
 rhead Expenses Office Exp-
 enses

SUBTOTAL of Disbursements This Page (optional) ▶

113.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Ramada Inn

Mailing Address One Sheraton Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General Other (specify) ▼

State: District

Transaction ID: SB17-EX3133
Date of Disbursement
09 / 17 / 2004

Amount of Each Disbursement this Period
20.00

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

Administrative/Salary/Overhead Expenses Office Expenses

Full Name (Last, First, Middle Initial)
B. Curve Baseball LP

Mailing Address 1000 Park Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General Other (specify) ▼

State: District

Transaction ID: SB17-EX3134
Date of Disbursement
09 / 17 / 2004

Amount of Each Disbursement this Period
60.00

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

Administrative/Salary/Overhead Expenses Office Expenses

Full Name (Last, First, Middle Initial)
C. Keystone Novelty

Mailing Address 1315 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General Other (specify) ▼

State: District

Transaction ID: SB17-EX3128
Date of Disbursement
09 / 17 / 2004

Amount of Each Disbursement this Period
6.35

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

Administrative/Salary/Overhead Expenses Office Expenses

SUBTOTAL of Disbursements This Page (optional) ▶ **86.35**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Keystone Novelty

Mailing Address 1315 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3129
Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

21.65

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)
B. Fiore True Value Hardware

Mailing Address 5514 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3135
Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

63.60

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)
C. Fiore True Value Hardware

Mailing Address 5514 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3136
Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

45.79

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

131.04

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17 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)
A. Papa John's Pizza

Mailing Address 3014 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3121
 Date of Disbursement
 09 / 17 / 2004

Amount of Each Disbursement this Period
 21.01

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
B. Wick Copy Center

Mailing Address 503 E Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3124
 Date of Disbursement
 09 / 17 / 2004

Amount of Each Disbursement this Period
 5.25

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

Administrative/Salary/Overhead Expenses Office Expenses

Full Name (Last, First, Middle Initial)
C. Papa John's Pizza

Mailing Address 3014 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3122
 Date of Disbursement
 09 / 17 / 2004

Amount of Each Disbursement this Period
 31.21

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶ **57.47**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Keystone Novelty

Mailing Address 1315 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3130
Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

68.88

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)
B. Fiore True Value Hardware

Mailing Address 5514 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3137
Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

122.40

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)
C. Kathy's Deli

Mailing Address 891 West King Street
Suite C

City Shippensburg State PA Zip Code 17257

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3001
Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

178.72

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

Solicitation and Fundrais-
ing Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶

370.09

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Kathy's Deli

Mailing Address 891 West King Street
 Suite C

City Shippensburg State PA Zip Code 17257

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

003
 Category/
 Type

Transaction ID: SB17-EX3041

Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

175.69

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

Solicitation and Fundrais-
 ing Expenses Fundraising

Full Name (Last, First, Middle Initial)

B. Kathy's Deli

Mailing Address 891 West King Street
 Suite C

City Shippensburg State PA Zip Code 17257

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

003
 Category/
 Type

Transaction ID: SB17-EX3142

Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

136.34

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

Solicitation and Fundrais-
 ing Expenses Fundraising

Full Name (Last, First, Middle Initial)

C. Greener And Hook

Mailing Address 1875 Eye Street NW
 Suite 540

City Washington State DC Zip Code 20008

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

004
 Category/
 Type

Transaction ID: SB17-EX2972

Date of Disbursement

07 / 02 / 2004

Amount of Each Disbursement this Period

9538.24

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

Advertising Expenses Media

SUBTOTAL of Disbursements This Page (optional) ▶

9851.27

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Greener And Hook

Mailing Address 1875 Eye Street NW
Suite 54D

City Washington State DC Zip Code 20006

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: SB17-EX2973
Date of Disbursement

07 / 02 / 2004

Amount of Each Disbursement this Period

921.37

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

Advertising Expenses Media

Full Name (Last, First, Middle Initial)
B. Cracker Barrel

Mailing Address 100 Charlotte Drive

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3125
Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

33.96

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

Travel Expenses Meals

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

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3090
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

17.85

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

Administrative/Salary/Ove-
rhead Expenses Postage

SUBTOTAL of Disbursements This Page (optional) ▶

973.18

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3094
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

17.85

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

Administrative/Salary/Ove-
rhead Expenses Postage

Full Name (Last, First, Middle Initial)
B. Campaign Resource Strategies

Mailing Address 25452 Brickell Drive

City Chantilly State VA Zip Code 20152

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX2974
Date of Disbursement

07 / 02 / 2004

Amount of Each Disbursement this Period

2000.00

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

Solicitation and Fundrais-
ing Expenses Campaign Con-
sultant

Full Name (Last, First, Middle Initial)
C. PA LC Fund

Mailing Address PO Box 60190

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2976
Date of Disbursement

07 / 14 / 2004

Amount of Each Disbursement this Period

333.44

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

Administrative/Salary/Ove-
rhead Expenses Payroll Ta-
xes

SUBTOTAL of Disbursements This Page (optional) ▶

2351.29

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. PA Department Of Revenue

Mailing Address DEPT 280414

City Harrisburg State PA Zip Code 17128

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2977
Date of Disbursement

07 / 14 / 2004

Amount of Each Disbursement this Period

425.14

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

Administrative/Salary/Overhead Expenses Payroll Taxes

Full Name (Last, First, Middle Initial)
B. M&T Bank

Mailing Address 301 West Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2978
Date of Disbursement

07 / 14 / 2004

Amount of Each Disbursement this Period

148.26

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

Administrative/Salary/Overhead Expenses Payroll Taxes

Full Name (Last, First, Middle Initial)
C. AASD Tax Office

Mailing Address Stevens Building
200 E Crawford Avenue, Rear

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2979
Date of Disbursement

07 / 14 / 2004

Amount of Each Disbursement this Period

110.32

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

Administrative/Salary/Overhead Expenses Payroll Taxes

SUBTOTAL of Disbursements This Page (optional) ▶

684.72

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. HASD Tax Office

Mailing Address 201 Jackson Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2980

Date of Disbursement

07 / 14 / 2004

Amount of Each Disbursement this Period

1.55

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

Administrative/Salary/Ove-
rhead Expenses Payroll Ta-
xes

Full Name (Last, First, Middle Initial)

B. PA Association of School Retirees

Mailing Address 218 Fike Hollow Road

City Moyersdale State PA Zip Code 15552

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: SB17-EX2981

Date of Disbursement

07 / 19 / 2004

Amount of Each Disbursement this Period

100.00

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

Advertising Expenses Print
Ads

Full Name (Last, First, Middle Initial)

C. PA Republican State Committee

Mailing Address 112 State Street

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

007
Category/
Type

Transaction ID: SB17-EX2982

Date of Disbursement

07 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

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

Campaign Event Expenses
Voter Registration Materi-
als or Services

SUBTOTAL of Disbursements This Page (optional) ▶

1101.55

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Ancient Order Of Hibernians

Mailing Address 2701 Spruce Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: SB17-EX2984
Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

40.00

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

Advertising Expenses Print
Ads

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

Mailing Address PO Box 8585

City Philadelphia State PA Zip Code 19173

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2985
Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

151.91

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

Administrative/Salary/Ove-
rhead Expenses Telephone

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

Mailing Address PO Box 17484

City Baltimore State MD Zip Code 21287

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2986
Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

92.74

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

Administrative/Salary/Ove-
rhead Expenses Telephone

SUBTOTAL of Disbursements This Page (optional) ▶

284.65

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. CTIPAdotNET

Mailing Address 5170 E. Trindle Road

City Mechanicsburg State PA Zip Code 17050

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2987

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

31.00

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

B. CenPenn Realty LLC

Mailing Address 503 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2988

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

200.00

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

Administrative/Salary/Ove-
rhead Expenses Rent

Full Name (Last, First, Middle Initial)

C. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3000

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

92.48

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

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

SUBTOTAL of Disbursements This Page (optional) ▶

323.48

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX2999

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

21.80

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

Travel Expenses Vehicle
Expenses

Full Name (Last, First, Middle Initial)

B. U.S. House Of Representatives

Mailing Address House Gift Shop
B-217 Longworth Bldg

City Washington State DC Zip Code 20515

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3002

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

19.90

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

C. U.S. House Of Representatives

Mailing Address House Gift Shop
B-217 Longworth Bldg

City Washington State DC Zip Code 20515

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3003

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

4.80

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

46.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. White House Gift Shop

Mailing Address Pennsylvania Avenue

City Washington State DC Zip Code 20515

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3004

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

29.27

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

B. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3024

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

38.80

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)

C. Campaign Resource Strategies

Mailing Address 25452 Brickell Drive

City Chantilly State VA Zip Code 20152

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3009

Date of Disbursement

08 / 09 / 2004

Amount of Each Disbursement this Period

2000.00

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

Solicitation and Fundrais-
ing Expenses Campaign Con-
sultant

SUBTOTAL of Disbursements This Page (optional) ▶

2062.07

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. The Ben Franklin Society

Mailing Address 3658 Edenville Road

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3010
 Date of Disbursement

08 / 09 / 2004

Amount of Each Disbursement this Period

300.00

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

Administrative/Salary/Ove-
 rhead Expenses Dués

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

Mailing Address PO Box 8585

City Philadelphia State PA Zip Code 19173

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3011
 Date of Disbursement

08 / 09 / 2004

Amount of Each Disbursement this Period

146.46

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

Administrative/Salary/Ove-
 rhead Expenses Telephone

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

Mailing Address 2200 Beale Avenue

City Altoona State PA Zip Code 16801

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3012
 Date of Disbursement

08 / 09 / 2004

Amount of Each Disbursement this Period

98.00

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

Administrative/Salary/Ove-
 rhead Expenses Utilities

SUBTOTAL of Disbursements This Page (optional) ▶

545.46

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3013
 Date of Disbursement

08 / 09 / 2004

Amount of Each Disbursement this Period

74.00

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

Administrative/Salary/Ove-
 rhead Expenses Postage

Full Name (Last, First, Middle Initial)
 B. AT&T Wireless Services

Mailing Address PO 944039

City Maitland State FL Zip Code 32704

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3014
 Date of Disbursement

07 / 10 / 2004

Amount of Each Disbursement this Period

24.82

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

Administrative/Salary/Ove-
 rhead Expenses Telephone

Full Name (Last, First, Middle Initial)
 C. AT&T Wireless Services

Mailing Address PO 944039

City Maitland State FL Zip Code 32704

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3015
 Date of Disbursement

08 / 09 / 2004

Amount of Each Disbursement this Period

180.91

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

Administrative/Salary/Ove-
 rhead Expenses Telephone

SUBTOTAL of Disbursements This Page (optional) ▶

279.73

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Bull Feathers

Mailing Address 410 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3026

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

145.00

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3026

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

31.65

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)

C. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3027

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

2.66

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

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

SUBTOTAL of Disbursements This Page (optional) ▶

179.31

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

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

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Chestnut Ridge Inn on the Green

Mailing Address 1762 Old William Penn Highway

City State Zip Code
Blairsville PA 15717

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3028
Date of Disbursement

08 / 16 / 2004

Amount of Each Disbursement this Period

8221.05

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

Solicitation and Fundrais-
ing Expenses Fundraising

Full Name (Last, First, Middle Initial)
B. Holliday Real Estate

Mailing Address 316 Newry Street

City State Zip Code
Holidaysburg PA 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3028
Date of Disbursement

08 / 16 / 2004

Amount of Each Disbursement this Period

68.00

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)
C. Amy Hanna

Mailing Address 2917 Fifth Avenue

City State Zip Code
Altoona PA 16802

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3030
Date of Disbursement

08 / 19 / 2004

Amount of Each Disbursement this Period

77.15

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

8366.20

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. William Shuster

Mailing Address 9 Overlook Drive

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3031
 Date of Disbursement

08 / 19 / 2004

Amount of Each Disbursement this Period

29.00

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
B. William Shuster

Mailing Address 9 Overlook Drive

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3032
 Date of Disbursement

08 / 19 / 2004

Amount of Each Disbursement this Period

0.30

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

Administrative/Salary/Ove-
 rhead Expenses Office Exp-
 enses

Full Name (Last, First, Middle Initial)
C. Main Street Deli and Catering

Mailing Address 177 S Main Street

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3033
 Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

51.95

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

90.34

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. ATLANTIC broadband

Mailing Address 2200 Beale Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3034

Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

102.25

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

B. AT&T Wireless Services

Mailing Address PO 944039

City Maitland State FL Zip Code 32704

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3035

Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

196.76

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

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

C. CenPenn Realty LLC

Mailing Address 503 Allegheny Street

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3036

Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

200.00

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

Administrative/Salary/Ove-
rhead Expenses Rent

SUBTOTAL of Disbursements This Page (optional) ▶

499.01

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3037
Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

15.00

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

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

Full Name (Last, First, Middle Initial)
B. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3038
Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

72.16

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

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

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

Mailing Address 1700 Seventh Avenue

City Altoona State PA Zip Code 16802

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3039
Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

2.44

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

SUBTOTAL of Disbursements This Page (optional) ▶

89.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. TGI Fridays

Mailing Address Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3040

Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

30.71

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. Ruby Tuesday Restaurant

Mailing Address 106 Sierra Drive

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3042

Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

100.00

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

C. Uno Chicago Grill

Mailing Address 208 E. Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3043

Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

30.00

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

160.71

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3044
Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

30.20

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

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)
B. FedEx Express

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3045
Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

11.93

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

Administrative/Salary/Ove-
rhead Expenses Postage

Full Name (Last, First, Middle Initial)
C. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3046
Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

6.40

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

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

SUBTOTAL of Disbursements This Page (optional) ▶

48.53

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3053
Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

15.00

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

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

Full Name (Last, First, Middle Initial)
B. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3054
Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

156.56

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

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

Full Name (Last, First, Middle Initial)
C. U.S. House Of Representatives

Mailing Address House Gift Shop
B-217 Longworth Bldg

City Washington State DC Zip Code 20515

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3055
Date of Disbursement

08 / 23 / 2004

Amount of Each Disbursement this Period

17.28

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

188.84

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3080

Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

80.51

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

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

B. IS2 Technologies, Inc.

Mailing Address 3018 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3081

Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

89.26

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

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

C. Cherryhill Associates Inc

Mailing Address 721 N. Juniata Street
Suite 100

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3082

Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

185.00

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

Administrative/Salary/Ove-
rhead Expenses Telephone

SUBTOTAL of Disbursements This Page (optional) ▶

354.77

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Campaign Resource Strategies

Mailing Address 25452 Brickell Drive

City Chantilly State VA Zip Code 20152

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3063
Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

2000.00

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

Solicitation and Fundrais-
ing Expenses Campaign Con-
sultant

Full Name (Last, First, Middle Initial)

B. Laurel Valley Golf Club

Mailing Address PO Box 435

City Pittsburgh State PA Zip Code 15210

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3108
Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

12224.56

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

Solicitation and Fundrais-
ing Expenses Fundraising

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address PO Box 8585

City Philadelphia State PA Zip Code 19173

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

0D1
Category/
Type

Transaction ID: SB17-EX3113
Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

144.94

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

Administrative/Salary/Ove-
rhead Expenses Telephone

SUBTOTAL of Disbursements This Page (optional) ▶

14369.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Sams Club

Mailing Address Walmart Plaza

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3114
 Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

30.00

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

Administrative/Salary/Ove-
 rhead Expenses Dués

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

Mailing Address 601 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3138
 Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

370.00

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
C. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3139
 Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

.50

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

Administrative/Salary/Ove-
 rhead Expenses Bank Servi-
 ce Charge

SUBTOTAL of Disbursements This Page (optional) ▶

400.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
 First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/Type 001

Transaction ID: SB17-EX3140
 Date of Disbursement 09 / 17 / 2004

Amount of Each Disbursement this Period 144.03

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

Administrative/Salary/Overhead Expenses Bank Service Charge

B. Full Name (Last, First, Middle Initial)
 First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/Type 001

Transaction ID: SB17-EX3143
 Date of Disbursement 09 / 17 / 2004

Amount of Each Disbursement this Period 68.66

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

Administrative/Salary/Overhead Expenses Bank Service Charge

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

Mailing Address Crystal Park Four 2345 Crystal Drive

City Arlington State VA Zip Code 22227

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/Type 002

Transaction ID: SB17-EX3144
 Date of Disbursement 09 / 28 / 2004

Amount of Each Disbursement this Period 351.20

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

Travel Expenses Airplane

SUBTOTAL of Disbursements This Page (optional) ▶ **563.89**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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

Mailing Address 200 South Wacker Drive
 Suite 1900

City Chicago State IL Zip Code 60606

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3146
 Date of Disbursement
 09 / 28 / 2004

Amount of Each Disbursement this Period
 6.00

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

Travel Expenses Airplane

Full Name (Last, First, Middle Initial)
B. Holliday Real Estate

Mailing Address 316 Newry Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3146
 Date of Disbursement
 09 / 28 / 2004

Amount of Each Disbursement this Period
 26.50

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

Administrative/Salary/Ove-
 rhead Expenses Office Exp-
 enses

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

Mailing Address 503 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3147
 Date of Disbursement
 09 / 28 / 2004

Amount of Each Disbursement this Period
 200.00

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

Administrative/Salary/Ove-
 rhead Expenses Rent

SUBTOTAL of Disbursements This Page (optional) ▶ **232.50**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3148

Date of Disbursement

09 / 28 / 2004

Amount of Each Disbursement this Period

80.51

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

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

B. AT&T Wireless Services

Mailing Address PO 944039

City Maitland State FL Zip Code 32704

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3148

Date of Disbursement

09 / 28 / 2004

Amount of Each Disbursement this Period

179.64

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

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

C. ATLANTIC broadband

Mailing Address 2200 Beale Avenue

City Altoona State PA Zip Code 16801

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3150

Date of Disbursement

09 / 28 / 2004

Amount of Each Disbursement this Period

99.00

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

Administrative/Salary/Ove-
rhead Expenses Utilities

SUBTOTAL of Disbursements This Page (optional) ▶

359.15

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Robson & Kaye, Inc

Mailing Address 160 Lincoln Way East

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

006
 Category/
 Type

Transaction ID: SB17-EX3151

Date of Disbursement

09 / 28 / 2004

Amount of Each Disbursement this Period

183.17

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

Campaign Materials Campaign
 Literature

SUBTOTAL of Disbursements This Page (optional) ▶

183.17

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

64972.17

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Congressional Baseball Game for Charity

Mailing Address 1108 Longworth House Office Build

City Washington State DC Zip Code 20001

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

012
 Category/
 Type

Transaction ID: SB17-EX2975

Date of Disbursement

07 / 14 / 2004

Amount of Each Disbursement this Period

160.00

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

Donations Donations

Full Name (Last, First, Middle Initial)

B. C & M 55th Gala

Mailing Address 15109 Bitterroot Way

City Rockville State MD Zip Code 20853

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

012
 Category/
 Type

Transaction ID: SB17-EX2983

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

400.00

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

Donations Promotional Tic-
 kets

SUBTOTAL of Disbursements This Page (optional) ▶

560.00

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

560.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 95 / 168
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN13

LOAN SOURCE Full Name (Last, First, Middle Initial) William Shuster	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 9 Overlook Drive		
City Hollidaysburg State PA ZIP Code 16648		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	2000.00
TOTALS This Period (last page in this line only)	▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 96 / 168
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN9

LOAN SOURCE Full Name (Last, First, Middle Initial) Kelly H Shuster	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 320 N 30th Street		
City Camp Hill State PA ZIP Code 17011		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 19 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 97 / 168
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN10

LOAN SOURCE Full Name (Last, First, Middle Initial) Margaret A Stader	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 2201 Catharine Street		
City Huntingdon State PA ZIP Code 16852		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 98 / 168
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN11

LOAN SOURCE Full Name (Last, First, Middle Initial) Deborah S King	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 530 Garber Street		
City Hollidaysburg State PA ZIP Code 16648		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 99 / 168
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN12

LOAN SOURCE Full Name (Last, First, Middle Initial) Robert L Shuster	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 320 N 30th Street		
City Camp Hill State PA ZIP Code 17011		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 100 / 168
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN14

LOAN SOURCE Full Name (Last, First, Middle Initial) Virginia L Dixon	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 105 Aldrich Avenue		
City Altoona State PA ZIP Code 16602		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	12000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: Invoice 2004-04-98 TV shoot Adv	
Mailing Address 1875 Eye Street NW Suite 540			
City Washington	State DC	ZIP Code 20008	
Outstanding Balance Beginning This Period 2039.39		Transaction ID: SD9-INV2736	
Amount Incurred This Period .00	Payment This Period 2039.39	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-B5-009 No vot-e/Military Adve	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City Malvern	State PA	ZIP Code 19355	
Outstanding Balance Beginning This Period 3935.00		Transaction ID: SD9-INV2860	
Amount Incurred This Period .00	Payment This Period 3935.00	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-B5-010 Milita-ry/Disab. Adver	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City Malvern	State PA	ZIP Code 19355	
Outstanding Balance Beginning This Period 5685.00		Transaction ID: SD9-INV2881	
Amount Incurred This Period .00	Payment This Period 5685.00	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

8
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Haube on the Hill		Nature of Debt (Purpose): Invoice: Fundraiser event Solicitation a	
Mailing Address PO Box 912			
City Great Falls	State VA	ZIP Code 22088	
Outstanding Balance Beginning This Period 312.56		Transaction ID: SD9-INV2791	
Amount Incurred This Period .00	Payment This Period 312.56	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor No. 1 Chinese Restaurant		Nature of Debt (Purpose): Invoice: Meals 3.5.04 Tra- vel Expenses	
Mailing Address 3309 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 15.00		Transaction ID: SD9-INV2792	
Amount Incurred This Period .00	Payment This Period 15.00	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tortilla Coast		Nature of Debt (Purpose): Invoice: Meals 3.4.04 Tra- vel Expenses	
Mailing Address 400 First Street SE			
City Washington	State DC	ZIP Code 20001	
Outstanding Balance Beginning This Period 25.00		Transaction ID: SD9-INV2793	
Amount Incurred This Period .00	Payment This Period 25.00	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 542 South Center Street			
City Ebensburg	State PA	ZIP Code 15931	
Outstanding Balance Beginning This Period 19.90		Transaction ID: SD9-INV2794	
Amount Incurred This Period .00	Payment This Period 19.90	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtyard By Marriott		Nature of Debt (Purpose): Invoice: Room charges 3.5-.04 Travel Expe	
Mailing Address 2 Convention Center Blvd			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 60.70		Transaction ID: SD9-INV2795	
Amount Incurred This Period .00	Payment This Period 60.70	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Capital Grille		Nature of Debt (Purpose): Invoice: Meals 3.10.04 Travel Expenses	
Mailing Address 601 Pennsylvania Avenue, NW			
City Washington	State DC	ZIP Code 20004	
Outstanding Balance Beginning This Period 136.15		Transaction ID: SD9-INV2796	
Amount Incurred This Period .00	Payment This Period 136.15	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Of Representatives		Nature of Debt (Purpose): Invoice: Gift-Cufflinks Administrative/S	
Mailing Address House Gift Shop B-217 Longworth Bldg			
City Washington	State DC	ZIP Code 20515	
Outstanding Balance Beginning This Period 9.00		Transaction ID: SD9-INV2797	
Amount Incurred This Period .00	Payment This Period 9.00	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Opinion Newspaper		Nature of Debt (Purpose): Invoice: Newspaper Administrative/Salary	
Mailing Address PO Box 499			
City Chambersburg	State PA	ZIP Code 17201	
Outstanding Balance Beginning This Period 8.70		Transaction ID: SD9-INV2798	
Amount Incurred This Period .00	Payment This Period 8.70	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 542 South Center Street			
City Ebensburg	State PA	ZIP Code 15831	
Outstanding Balance Beginning This Period 29.00		Transaction ID: SD9-INV2799	
Amount Incurred This Period .00	Payment This Period 29.00	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address RD 2 Box 12C			
City Bedford	State PA	ZIP Code 15522	
Outstanding Balance Beginning This Period 30.41		Transaction ID: SD9-INV2800	
Amount Incurred This Period .00	Payment This Period 30.41	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 23.08		Transaction ID: SD9-INV2801	
Amount Incurred This Period .00	Payment This Period 23.08	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: Meals 3.23.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16848	
Outstanding Balance Beginning This Period 20.48		Transaction ID: SD9-INV2803	
Amount Incurred This Period .00	Payment This Period 20.48	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtyard By Marriott		Nature of Debt (Purpose): Invoice: Room 3.22.04 Travel Expenses	
Mailing Address 2 Convention Center Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2804	
118.81			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	118.81	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kinkos Copies		Nature of Debt (Purpose): Invoice: Copies made Administrative/Sala	
Mailing Address 204 Michigan Avenue NE			
City	State	ZIP Code	
Washington	DC	20017	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2805	
85.28			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	85.28	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 542 South Center Street			
City	State	ZIP Code	
Ebensburg	PA	15831	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2806	
27.79			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	27.79	.00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: Various office expenses Adminis	
Mailing Address Plank Road/Orchard Plaza			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 34.08		Transaction ID: SD9-INV2763	
Amount Incurred This Period .00	Payment This Period 34.08	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 9.28		Transaction ID: SD9-INV2759	
Amount Incurred This Period .00	Payment This Period 9.28	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 32.30		Transaction ID: SD9-INV2760	
Amount Incurred This Period .00	Payment This Period 32.30	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 108 / 188
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pine Grill Inc		Nature of Debt (Purpose): Invoice: Meals 3.18 Travel Expenses	
Mailing Address 800 N Center Avenue			
City Somerset	State PA	ZIP Code 15501	
Outstanding Balance Beginning This Period 29.70		Transaction ID: SD9-INV2761	
Amount Incurred This Period .00	Payment This Period 29.70	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: Meals 3.23.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16648	
Outstanding Balance Beginning This Period 53.42		Transaction ID: SD9-INV2764	
Amount Incurred This Period .00	Payment This Period 53.42	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Microsoft Online Services		Nature of Debt (Purpose): Invoice: Internet services Administrativ	
Mailing Address One Microsoft Way			
City Redmond	State WA	ZIP Code 98052	
Outstanding Balance Beginning This Period 19.95		Transaction ID: SD9-INV2765	
Amount Incurred This Period .00	Payment This Period 19.95	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: Meals 3.31.04 Tr- avel Expenses	
Mailing Address Street Required			
City	State	ZIP Code	
Washington	DC	20515	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2766	
9.95			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	9.95	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Confertel		Nature of Debt (Purpose): Invoice: Phone services Administrative/	
Mailing Address 2385 Camino Vida Roble Suite 112			
City	State	ZIP Code	
Carlsbad	CA	92009	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2768	
159.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	159.80	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Postal Service		Nature of Debt (Purpose): Invoice: 3.12.04 mailing Administrative/	
Mailing Address 525 Allegheny Street			
City	State	ZIP Code	
Hollidaysburg	PA	16848	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2769	
222.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	222.00	.00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Postal Service		Nature of Debt (Purpose): Invoice: 3.12.04 mailing Administrative/	
Mailing Address 525 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16848	
Outstanding Balance Beginning This Period 88.68		Transaction ID: SD9-INV2770	
Amount Incurred This Period .00	Payment This Period 88.68	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Mugs for Speaker Administrative	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 5.71		Transaction ID: SD9-INV2771	
Amount Incurred This Period .00	Payment This Period 5.71	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor A.C. Moore		Nature of Debt (Purpose): Invoice: supplies for Speaker event Admi	
Mailing Address 518-520 W. Plank Road			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 41.35		Transaction ID: SD9-INV2772	
Amount Incurred This Period .00	Payment This Period 41.35	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 111 / 188
	FOR LINE NUMBER: (check only one)
<input checked="" type="checkbox"/> 9	
<input type="checkbox"/> 10	

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allegro Restaurant		Nature of Debt (Purpose): Invoice: Gift certificates Travel Expens	
Mailing Address 3926 Broad Avenue			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 70.00		Transaction ID: SD9-INV2773	
Amount Incurred This Period .00	Payment This Period 70.00	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Curve Baseball LP		Nature of Debt (Purpose): Invoice: Gifts Administrative/Salary/Ov	
Mailing Address 1000 Park Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 65.97		Transaction ID: SD9-INV2774	
Amount Incurred This Period .00	Payment This Period 65.97	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eckerd Drug		Nature of Debt (Purpose): Invoice: Film developed Administrative/S	
Mailing Address 3331 Pleasant Valley			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 23.70		Transaction ID: SD9-INV2775	
Amount Incurred This Period .00	Payment This Period 23.70	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Red Lobster		Nature of Debt (Purpose): Invoice: Gift certificates Travel Expens	
Mailing Address 3330 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 40.00		Transaction ID: SD9-INV2776	
Amount Incurred This Period .00	Payment This Period 40.00	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Postal Service		Nature of Debt (Purpose): Invoice: Stamps for mailings Administrat	
Mailing Address 525 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16648	
Outstanding Balance Beginning This Period 1850.00		Transaction ID: SD9-INV2777	
Amount Incurred This Period .00	Payment This Period 1850.00	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: Various office supplies Adminis	
Mailing Address Plank Road/Orchard Plaza			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 24.18		Transaction ID: SD9-INV2778	
Amount Incurred This Period .00	Payment This Period 24.18	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eckerd Drug		Nature of Debt (Purpose): Invoice: Film developed Administrative/S	
Mailing Address 3331 Pleasant Valley			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2779	
12.08			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	12.08	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wick Copy Center		Nature of Debt (Purpose): Invoice: Copies and fold Administrative/	
Mailing Address 503 E Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2780	
79.29			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	79.29	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wick Copy Center		Nature of Debt (Purpose): Invoice: copies and fold Administrative/	
Mailing Address 503 E Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2781	
72.08			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	72.08	.00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 8
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jethros		Nature of Debt (Purpose): Invoice: Gift Certificate Travel Expense	
Mailing Address 417 Parkview Lane			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 40.00		Transaction ID: SD9-INV2782	
Amount Incurred This Period .00	Payment This Period 40.00	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Olive Garden		Nature of Debt (Purpose): Invoice: 3.30.04 lunch meeting Travel Ex	
Mailing Address 3315 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 167.43		Transaction ID: SD9-INV2783	
Amount Incurred This Period .00	Payment This Period 167.43	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keystone Novelty		Nature of Debt (Purpose): Invoice: Decorations Administrative/Sala	
Mailing Address 1315 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 21.60		Transaction ID: SD9-INV2784	
Amount Incurred This Period .00	Payment This Period 21.60	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: Various office supplies Adminis	
Mailing Address Plank Road/Orchard Plaza			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2785	
231.67			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	231.67	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Postal Express		Nature of Debt (Purpose): Invoice: mailing service Administrative/	
Mailing Address 301 Union Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2786	
14.18			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	14.18	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Party Time Rentals		Nature of Debt (Purpose): Invoice: Lectern rental Administrative/S	
Mailing Address 420 Blair Street			
City	State	ZIP Code	
Hollidaysburg	PA	16848	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2787	
81.20			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	81.20	.00	

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3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wick Copy Center		Nature of Debt (Purpose): Invoice: Copies made Administrative/Sala	
Mailing Address 503 E Plank Road			
City Allaona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 69.96		Transaction ID: SD9-INV2788	
Amount Incurred This Period .00	Payment This Period 69.96	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Copy Rite		Nature of Debt (Purpose): Invoice: Copies made Administrative/Sala	
Mailing Address 301 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16648	
Outstanding Balance Beginning This Period 203.52		Transaction ID: SD9-INV2789	
Amount Incurred This Period .00	Payment This Period 203.52	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Curve Baseball LP		Nature of Debt (Purpose): Invoice: Gifts Administrative/Salary/Ove	
Mailing Address 1000 Park Avenue			
City Allaona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 200.00		Transaction ID: SD9-INV2790	
Amount Incurred This Period .00	Payment This Period 200.00	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: Radio/TV advertising 2004-05-12	
Mailing Address 1875 Eye Street NW Suite 540			
City	State	ZIP Code	
Washington	DC	20008	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2991	
9539.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	9539.24	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Altoona Mirror		Nature of Debt (Purpose): Invoice: newspapers Administrative/Salar	
Mailing Address PO Box 200B			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2984	
25.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	25.00	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 5.5 Travel Expenses	
Mailing Address Street Required			
City	State	ZIP Code	
Washington	DC	20515	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2985	
73.60			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	73.60	.00	

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2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2986	
10.01			
Amount Incurred This Period		Payment This Period	
.00		10.01	
		Outstanding Balance at Close of This Period	
		.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2987	
10.15			
Amount Incurred This Period		Payment This Period	
.00		10.15	
		Outstanding Balance at Close of This Period	
		.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunt- eers Travel Exp	
Mailing Address 3D14 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2988	
18.95			
Amount Incurred This Period		Payment This Period	
.00		18.95	
		Outstanding Balance at Close of This Period	
		.00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunteers Travel Exp	
Mailing Address 3014 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2969	
18.95			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	18.95	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunteers Travel Exp	
Mailing Address 3014 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2970	
18.95			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	18.95	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wick Copy Center		Nature of Debt (Purpose): Invoice: copies Administrative/Salary/O	
Mailing Address 503 E Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2971	
4.58			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	4.58	.00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunteers Travel Exp	
Mailing Address 3014 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 29.43		Transaction ID: SD9-INV2972	
Amount Incurred This Period .00	Payment This Period 29.43	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allegro Restaurant		Nature of Debt (Purpose): Invoice: 4.15 Travel Expenses	
Mailing Address 3828 Broad Avenue			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 30.00		Transaction ID: SD9-INV2973	
Amount Incurred This Period .00	Payment This Period 30.00	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keystone Novelty		Nature of Debt (Purpose): Invoice: decorations Administrative/Sala	
Mailing Address 1315 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 28.05		Transaction ID: SD9-INV2974	
Amount Incurred This Period .00	Payment This Period 28.05	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Uno Chicago Grill		Nature of Debt (Purpose): Invoice: Gift Certificate Travel Expense	
Mailing Address 206 E. Plank Road			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 30.00		Transaction ID: SD9-INV2975	
Amount Incurred This Period .00	Payment This Period 30.00	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: various office supplies Adminis	
Mailing Address Plank Road/Orchard Plaza			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 54.95		Transaction ID: SD9-INV2976	
Amount Incurred This Period .00	Payment This Period 54.95	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: miscellaneous Ad- ministrative/Sa	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 20.00		Transaction ID: SD9-INV2977	
Amount Incurred This Period .00	Payment This Period 20.00	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
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3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

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

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Curve Baseball LP		Nature of Debt (Purpose): Invoice: Gifts Administrative/Salary/Ove	
Mailing Address 1000 Park Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2978	
60.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	60.00	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keystone Novelty		Nature of Debt (Purpose): Invoice: decorations Administrative/Sala	
Mailing Address 1315 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2979	
6.35			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	6.35	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keystone Novelty		Nature of Debt (Purpose): Invoice: decorations Administrative/Sala	
Mailing Address 1315 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2980	
21.65			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	21.65	.00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fiore True Value Hardware		Nature of Debt (Purpose): Invoice; supplies Administrative/Salary/	
Mailing Address 5514 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 63.60		Transaction ID: SD9-INV2981	
Amount Incurred This Period .00	Payment This Period 63.60	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fiore True Value Hardware		Nature of Debt (Purpose): Invoice; supplies Administrative/Salary/	
Mailing Address 5514 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 45.79		Transaction ID: SD9-INV2982	
Amount Incurred This Period .00	Payment This Period 45.79	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice; meals for volunteers Travel Exp	
Mailing Address 3D14 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 21.01		Transaction ID: SD9-INV2983	
Amount Incurred This Period .00	Payment This Period 21.01	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wick Copy Center		Nature of Debt (Purpose): Invoice: copies Administrative/Salary/Ovr	
Mailing Address 503 E Plank Road			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 5.25		Transaction ID: SD9-INV2984	
Amount Incurred This Period .00	Payment This Period 5.25	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunteers Travel Exp	
Mailing Address 3014 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 31.21		Transaction ID: SD9-INV2985	
Amount Incurred This Period .00	Payment This Period 31.21	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keystone Novelty		Nature of Debt (Purpose): Invoice: decorations Administrative/Sala	
Mailing Address 1315 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 68.88		Transaction ID: SD9-INV2986	
Amount Incurred This Period .00	Payment This Period 68.88	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 125 / 188
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fiore True Value Hardware		Nature of Debt (Purpose): Invoice: equipment rental Administrative	
Mailing Address 5514 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2987	
122.49			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	122.49	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cracker Barrel		Nature of Debt (Purpose): Invoice: 4.15 Travel Expenses	
Mailing Address 100 Charlotte Drive			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3002	
33.96			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	33.96	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Postal Service		Nature of Debt (Purpose): Invoice: 4.15 mailing Administrative/Sal	
Mailing Address 525 Allegheny Street			
City	State	ZIP Code	
Hollidaysburg	PA	16848	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3004	
17.85			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	17.85	.00	

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2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Postal Service		Nature of Debt (Purpose): Invoice: 4.21 mailing Administrative/Sal	
Mailing Address 525 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16848	
Outstanding Balance Beginning This Period 17.85		Transaction ID: SD9-INV3005	
Amount Incurred This Period .00	Payment This Period 17.85	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Wireless Services		Nature of Debt (Purpose): Invoice: phone equipment Administrative/	
Mailing Address PO 944039			
City Maitland	State FL	ZIP Code 32794	
Outstanding Balance Beginning This Period 180.62		Transaction ID: SD9-INV2961	
Amount Incurred This Period .00	Payment This Period 180.62	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Late payment fee Administrative	
Mailing Address PO Box 360002			
City Indiana	State PA	ZIP Code 33338	
Outstanding Balance Beginning This Period 35.00		Transaction ID: SD9-INV2940	
Amount Incurred This Period .00	Payment This Period 35.00	Outstanding Balance at Close of This Period .00	

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3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charges Administrative/	
Mailing Address PO Box 380002			
City	State	ZIP Code	
Indiana	PA	33338	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2941	
61.44			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	61.44	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2942	
28.30			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	28.30	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Miners Rest		Nature of Debt (Purpose): Invoice: 4.16 Travel Expe- nses	
Mailing Address 807 Fourth Avenue			
City	State	ZIP Code	
Pattan	PA	16868	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2943	
90.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	90.00	.00	

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2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 8
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Texaco Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 123 Path Valley Road			
City Fort Loudon	State PA	ZIP Code 17224	
Outstanding Balance Beginning This Period 32.20		Transaction ID: SD9-INV2944	
Amount Incurred This Period .00	Payment This Period 32.20	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Red Lobster		Nature of Debt (Purpose): Invoice: 4.25 Campaign staff Travel Expe	
Mailing Address 3330 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 100.00		Transaction ID: SD9-INV2945	
Amount Incurred This Period .00	Payment This Period 100.00	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 24.40		Transaction ID: SD9-INV2946	
Amount Incurred This Period .00	Payment This Period 24.40	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 8
		10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club		Nature of Debt (Purpose): Invoice: March meals Travel Expenses	
Mailing Address 300 First Street SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 109.63		Transaction ID: SD9-INV2947	
Amount Incurred This Period .00	Payment This Period 109.63	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Radio Shack		Nature of Debt (Purpose): Invoice: office supplies Administrative/	
Mailing Address Plank Road Commons 2764 Old Rte 220			
City Altoona	State PA	ZIP Code 16601	
Outstanding Balance Beginning This Period 20.87		Transaction ID: SD9-INV2949	
Amount Incurred This Period .00	Payment This Period 20.87	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Microsoft Online Services		Nature of Debt (Purpose): Invoice: Internet service Administrative	
Mailing Address One Microsoft Way			
City Redmond	State WA	ZIP Code 98052	
Outstanding Balance Beginning This Period 10.38		Transaction ID: SD9-INV2950	
Amount Incurred This Period .00	Payment This Period 10.38	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: various office supplies Adminis	
Mailing Address Plank Road/Orchard Plaza			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 77.01		Transaction ID: SD9-INV2951	
Amount Incurred This Period .00	Payment This Period 77.01	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bi-Lo Foods		Nature of Debt (Purpose): Invoice: supplies for volunteers Adminis	
Mailing Address Orchard Plaza			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 60.13		Transaction ID: SD9-INV2953	
Amount Incurred This Period .00	Payment This Period 60.13	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Outback Steakhouse		Nature of Debt (Purpose): Invoice: 4.24 Travel Expenses	
Mailing Address 100 Sheraton Drive			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 57.40		Transaction ID: SD9-INV2954	
Amount Incurred This Period .00	Payment This Period 57.40	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 1700 Seventh Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 21.74		Transaction ID: SD9-INV2955	
Amount Incurred This Period .00	Payment This Period 21.74	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wendys		Nature of Debt (Purpose): Invoice: food for volunteers Travel Expe	
Mailing Address Plank Road			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 80.31		Transaction ID: SD9-INV2956	
Amount Incurred This Period .00	Payment This Period 80.31	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 42.98		Transaction ID: SD9-INV2957	
Amount Incurred This Period .00	Payment This Period 42.98	Outstanding Balance at Close of This Period .00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9
		<input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays		Nature of Debt (Purpose): Invoice: 4.27 Travel Expenses	
Mailing Address Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2958	
53.48			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	53.48	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays		Nature of Debt (Purpose): Invoice: 4.27 Travel Expenses	
Mailing Address Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2959	
239.44			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	239.44	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2980	
59.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	59.24	.00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 8
		10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Zachs Sports And Spirits		Nature of Debt (Purpose): Invoice: 4.28 Travel Expenses	
Mailing Address 5820 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2962	
50.25			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	50.25	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Confertel		Nature of Debt (Purpose): Invoice: phone conference Administrative	
Mailing Address 2385 Camino Vida Roble Suite 112			
City	State	ZIP Code	
Carlsbad	CA	92009	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2963	
501.60			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	501.60	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Wireless Services		Nature of Debt (Purpose): Invoice: 2202375006 Administrative/Salar	
Mailing Address PO 944039			
City	State	ZIP Code	
Maitland	FL	32794	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3008	
-24.82			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	-24.82	.00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 134 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Survey of attitudes Invoice 448	
Mailing Address 201 North Union Street Suite 410			
City Alexandria	State VA	ZIP Code 22314	
Outstanding Balance Beginning This Period 977.00		Transaction ID: SD10-INV2734	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 977.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kathy's Deli		Nature of Debt (Purpose): Invoice: Catering Invoice 1445 Solitcat	
Mailing Address 881 West King Street Suite C			
City Shippensburg	State PA	ZIP Code 17257	
Outstanding Balance Beginning This Period 4688.33		Transaction ID: SD1D-INV298B	
Amount Incurred This Period .00	Payment This Period 480.75	Outstanding Balance at Close of This Period 4197.58	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invpice: 04-B5-011 Contrast Advertising	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City Malvern	State PA	ZIP Code 19355	
Outstanding Balance Beginning This Period 7135.00		Transaction ID: SD1D-INV2862	
Amount Incurred This Period .00	Payment This Period 380.00	Outstanding Balance at Close of This Period 6755.00	

1) SUBTOTALS This Period This Page (optional)	▶	11929.58
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-BS-012 Runner Advertising Ex	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City	State	ZIP Code	
Malvern	PA	19355	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2863	
5890.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	5890.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-BS-013 Quotes Advertising Ex	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City	State	ZIP Code	
Malvern	PA	19355	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2864	
6655.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	6655.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Orchards		Nature of Debt (Purpose): Invoice: 3.22.04 fundrais- ing event Split	
Mailing Address 1580 Orchard Drive			
City	State	ZIP Code	
Chambersburg	PA	17201	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2802	
4513.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	516.71	3997.09	

1) SUBTOTALS This Period This Page (optional)	▶	16542.09
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 136 / 168
	FOR LINE NUMBER: (check only one)
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	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Invoice 4481 sur- vey Polling Exp	
Mailing Address 201 North Union Street Suite 410			
City	State	ZIP Code	
Alexandria	VA	22314	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2989	
7977.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	7977.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Haube on the Hill		Nature of Debt (Purpose): Invoice: Fundraiser cater- ing Sollicitatio	
Mailing Address PO Box 912			
City	State	ZIP Code	
Great Falls	VA	22066	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2767	
1223.16			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	1223.16	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ciocca Benton & Company, P.C.		Nature of Debt (Purpose): Invoice: 2.6.04 to 4.16.04 services Admi	
Mailing Address PO Box 1473			
City	State	ZIP Code	
Alltona	PA	16803	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2867	
3048.10			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	3048.10	

1) SUBTOTALS This Period This Page (optional)	▶	12248.26
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 137 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Invoice 4523 sur- vey Polling Exp	
Mailing Address 201 North Union Street Suite 410			
City	State	ZIP Code	
Alexandria	VA	22314	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2990	
16835.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	16835.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunoco		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 1700 Seventh Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2917	
33.39			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	33.39	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tortilla Coast		Nature of Debt (Purpose): Invoice: 04.02.04 meals Travel Expenses	
Mailing Address 400 First Street SE			
City	State	ZIP Code	
Washington	DC	20001	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2918	
28.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	28.50	

1) SUBTOTALS This Period This Page (optional)	▶	16894.89
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 138 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Radio Shack		Nature of Debt (Purpose): Invoice: 04.08.04 supplies Administrativ	
Mailing Address Plank Road Commons 2784 Old Rte 220			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 15.32		Transaction ID: SD10-INV2919	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 15.32	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 542 South Center Street			
City Ebensburg	State PA	ZIP Code 15631	
Outstanding Balance Beginning This Period 21.41		Transaction ID: SD10-INV2920	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 21.41	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunteers Travel Exp	
Mailing Address 3D14 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 12.53		Transaction ID: SD10-INV2921	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 12.53	

1) SUBTOTALS This Period This Page (optional)	▶	49.26
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

9
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address RD 2 Box 12C			
City	State	ZIP Code	
Bedford	PA	15522	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2922	
31.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	31.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2923	
4.44			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	4.44	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2924	
23.12			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	23.12	

1) SUBTOTALS This Period This Page (optional)	▶	59.06
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

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(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Capital Grille		Nature of Debt (Purpose): Invoice: 4.21 event Solit-ication and Fun	
Mailing Address 601 Pennsylvania Avenue, NW			
City Washington	State DC	ZIP Code 20004	
Outstanding Balance Beginning This Period 1669.01		Transaction ID: SD10-INV2925	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 1669.01	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Splash Car Wash		Nature of Debt (Purpose): Invoice: car wash Adminis-trative/Salary/	
Mailing Address #10 Eye Street SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 33.64		Transaction ID: SD1D-INV2926	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 33.64	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays		Nature of Debt (Purpose): Invoice: 4.23 Travel Expe-nses	
Mailing Address Plank Road			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 109.75		Transaction ID: SD1D-INV2927	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 109.75	

1) SUBTOTALS This Period This Page (optional)	▶	1812.60
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 141 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Political Contribution	
Mailing Address 542 South Center Street			
City Ebensburg	State PA	ZIP Code 15831	
Outstanding Balance Beginning This Period 25.20		Transaction ID: SD10-INV2928	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 25.20	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Don Pablos		Nature of Debt (Purpose): Invoice: 4.25 Travel Expenses	
Mailing Address Plank Road			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 97.14		Transaction ID: SD10-INV2929	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 97.14	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hunan Dynasty		Nature of Debt (Purpose): Invoice: 4.23 Travel Expenses	
Mailing Address 215 Pennsylvania Avenue			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 53.70		Transaction ID: SD10-INV2930	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 53.70	

1) SUBTOTALS This Period This Page (optional)	▶	176.04
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 142 / 188
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FedEx Express		Nature of Debt (Purpose): Invoice: to ciocca from mistri Administr	
Mailing Address PO Box 371461			
City	State	ZIP Code	
Pittsburgh	PA	15250	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2931	
14.08			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	14.08	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Al's Tavern		Nature of Debt (Purpose): Invoice: 4.25 Travel Expenses	
Mailing Address 2831 Eighth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2932	
111.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	111.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.25 Travel Expenses	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16601	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2933	
84.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	84.00	

1) SUBTOTALS This Period This Page (optional)	▶	209.58
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 143 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 25.01		Transaction ID: SD10-INV2934	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 25.01	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: various office supplies Adminis	
Mailing Address Plank Road/Orchard Plaza			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 56.14		Transaction ID: SD1D-INV2935	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 56.14	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Outback Steakhouse		Nature of Debt (Purpose): Invoice: 4.24 Travel Expenses	
Mailing Address 100 Sheraton Drive			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 468.77		Transaction ID: SD1D-INV2936	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 468.77	

1) SUBTOTALS This Period This Page (optional)	▶	547.92
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 144 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Outback Steakhouse		Nature of Debt (Purpose): Invoice: 4.24 Travel Expenses	
Mailing Address 100 Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2937	
37.10			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	37.10	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 1700 Seventh Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2938	
19.13			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	19.13	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Commonwealth Bank		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 0537			
City	State	ZIP Code	
Indiana	PA	15701	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2939	
127.35			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	127.35	

1) SUBTOTALS This Period This Page (optional)	▶	183.58
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 145 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: June retainer et- c. 2004-06-160	
Mailing Address 1875 Eye Street NW Suite 540			
City Washington	State DC	ZIP Code 20006	
Outstanding Balance Beginning This Period 14718.37		Transaction ID: SD10-INV2992	
Amount Incurred This Period .00	Payment This Period 921.37	Outstanding Balance at Close of This Period 13797.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capital Hill Suites		Nature of Debt (Purpose): Invoice: 5.18 Travel Expe- nses	
Mailing Address 200 C Street, SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 187.15		Transaction ID: SD1D-INV3035	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 187.15	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Confertel		Nature of Debt (Purpose): Invoice: 6.3 Administrati- ve/Salary/Overh	
Mailing Address 2385 Camino Vida Roble Suite 112			
City Carlsbad	State CA	ZIP Code 92009	
Outstanding Balance Beginning This Period 3.40		Transaction ID: SD1D-INV3036	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 3.40	

1) SUBTOTALS This Period This Page (optional)	▶	13987.55
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 146 / 168
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wyndham Garden Hotel		Nature of Debt (Purpose): Invoice: 6.5 Travel Expenses	
Mailing Address 765 Eisenhower Blvd			
City Harrisburg	State PA	ZIP Code 17111	
Outstanding Balance Beginning This Period 43.50		Transaction ID: SD10-INV3037	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 49.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hoss's Steak And Sea		Nature of Debt (Purpose): Invoice: 5.26 Travel Expenses	
Mailing Address Wye Switches			
City Duncansville	State PA	ZIP Code 16635	
Outstanding Balance Beginning This Period 105.09		Transaction ID: SD1D-INV3038	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 105.09	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FedEx Express		Nature of Debt (Purpose): Invoice: 5.6 mailing Administrative/Sala	
Mailing Address PO Box 371461			
City Pittsburgh	State PA	ZIP Code 15250	
Outstanding Balance Beginning This Period 14.08		Transaction ID: SD1D-INV3009	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 14.08	

1) SUBTOTALS This Period This Page (optional)	▶	162.67
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 147 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Traver Shop 1		Nature of Debt (Purpose): Invoice: Gifts Administrative/Salary/Ove	
Mailing Address 221 Pennsylvania Avenue SE			
City	State	ZIP Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3010	
45.42			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	45.42	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Hotel Restaurant		Nature of Debt (Purpose): Invoice: 5.10 meal Travel Expenses	
Mailing Address 401 South Juniata Street			
City	State	ZIP Code	
Hollidaysburg	PA	16648	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3011	
91.37			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	91.37	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Capital Grille		Nature of Debt (Purpose): Invoice: 5.22 Travel Expenses	
Mailing Address 601 Pennsylvania Avenue, NW			
City	State	ZIP Code	
Washington	DC	20004	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3012	
41.98			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	41.98	

1) SUBTOTALS This Period This Page (optional)	▶	178.77
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allegro Restaurant			Nature of Debt (Purpose): Invoice: Staff 5.24 Travel Expenses		
Mailing Address 3926 Broad Avenue					
City	State	ZIP Code			
Altoona	PA	16801			
Outstanding Balance Beginning This Period			Transaction ID: SD10-INV3013		
679.26					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
.00		.00	679.26		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eds Steak House			Nature of Debt (Purpose): Invoice: 5.25 Travel Expenses		
Mailing Address RR 2					
City	State	ZIP Code			
Bedford	PA	16522			
Outstanding Balance Beginning This Period			Transaction ID: SD10-INV3014		
82.75					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
.00		.00	82.75		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Commonwealth Bank			Nature of Debt (Purpose): Invoice: Finance charge Administrative/S		
Mailing Address PO Box 0537					
City	State	ZIP Code			
Indiana	PA	15701			
Outstanding Balance Beginning This Period			Transaction ID: SD10-INV3015		
147.22					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
.00		.00	147.22		

1) SUBTOTALS This Period This Page (optional)	▶	909.23
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 149 / 168
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.28 stay Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 817.50		Transaction ID: SD10-INV3019	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 817.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 2061.53		Transaction ID: SD10-INV3020	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 2061.53	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Room/Catering etc Campaign Even	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 2625.83		Transaction ID: SD10-INV3021	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 2625.83	

1) SUBTOTALS This Period This Page (optional)	▶	5504.86
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 150 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 163.50		Transaction ID: SD10-INV3022	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 163.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 88.43		Transaction ID: SD10-INV3023	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 88.43	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 408.75		Transaction ID: SD10-INV3024	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 408.75	

1) SUBTOTALS This Period This Page (optional)	▶	660.68
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
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(Use separate schedule(s) for each numbered line)	PAGE 151 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3025	
408.75			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	408.75	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Hospitality room Campaign Event	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3026	
180.75			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	180.75	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Holding room Campaign Event Exp	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3027	
81.75			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	81.75	

1) SUBTOTALS This Period This Page (optional)	▶	681.25
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 152 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Late payment fee Administrative	
Mailing Address PO Box 360002			
City	State	ZIP Code	
Altoona	PA	33336	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3028	
35.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	35.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 360002			
City	State	ZIP Code	
Altoona	PA	33336	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3029	
130.64			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	130.64	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3030	
34.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	34.00	

1) SUBTOTALS This Period This Page (optional)	▶	199.64
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 153 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3031	
35.70			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	35.70	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3032	
33.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	33.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Membership renewal fee Administ	
Mailing Address PO Box 360002			
City	State	ZIP Code	
Altoona	PA	33338	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3033	
10.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	10.00	

1) SUBTOTALS This Period This Page (optional)	▶	78.70
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 154 / 168
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Wireless Services		Nature of Debt (Purpose): Invoice: Telecomm services Administrativ	
Mailing Address PO 844038			
City Maitland	State FL	ZIP Code 32794	
Outstanding Balance Beginning This Period 487.48		Transaction ID: SD10-INV3034	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 487.48	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NRCC		Nature of Debt (Purpose): Invoice: Speaker Hastert's travel Travel	
Mailing Address 320 First Street SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3154	
Amount Incurred This Period 3229.00	Payment This Period .00	Outstanding Balance at Close of This Period 3229.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pine Grill Inc		Nature of Debt (Purpose): Invoice: 5.28 Travel Expenses	
Mailing Address 800 N Center Avenue			
City Somerset	State PA	ZIP Code 15501	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3058	
Amount Incurred This Period 61.15	Payment This Period .00	Outstanding Balance at Close of This Period 61.15	

1) SUBTOTALS This Period This Page (optional)	▶	3777.61
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 155 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays		Nature of Debt (Purpose): Invoice: 6.07.04 Travel Expenses	
Mailing Address Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3059	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
221.34	.00	221.34	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Friendly's		Nature of Debt (Purpose): Invoice: 6.07.04 Travel Expenses	
Mailing Address 200 Sierra Plaza			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3060	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
86.19	.00	86.19	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eat n Park Restaurants		Nature of Debt (Purpose): Invoice: 6.21.04 Travel Expenses	
Mailing Address Orchard Plaza			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3061	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
10.58	.00	10.58	

1) SUBTOTALS This Period This Page (optional)	▶	318.11
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 156 / 168
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Commonwealth Bank		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 0537			
City	State	ZIP Code	
Indiana	PA	15701	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3062	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
152.83	.00	152.83	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 360002			
City	State	ZIP Code	
Rockville	MD	33336	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3081	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
144.83	.00	144.83	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor La Colline Restaurant		Nature of Debt (Purpose): Invoice: 8/15 fundraiser meal Solicitati	
Mailing Address 400 North Capital Street NW Suite 175			
City	State	ZIP Code	
Washington	DC	20001	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3082	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
680.00	.00	680.00	

1) SUBTOTALS This Period This Page (optional)	▶	977.66
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 157 / 168
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3083	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
37.00	.00	37.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 6.17.04 Travel Expenses	
Mailing Address Street Required			
City	State	ZIP Code	
Washington	DC	20515	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3084	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
9.95	.00	9.95	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 6.24.04 meals Travel Expenses	
Mailing Address Street Required			
City	State	ZIP Code	
Washington	DC	20515	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3085	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
147.24	.00	147.24	

1) SUBTOTALS This Period This Page (optional)	▶	194.19
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 6.25.04 meal Travel Expenses	
Mailing Address Street Required			
City State ZIP Code Washington DC 20515			
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3086	
Amount Incurred This Period 45.60	Payment This Period .00	Outstanding Balance at Close of This Period 45.60	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 7.9.04 meal Travel Expenses	
Mailing Address Street Required			
City State ZIP Code Washington DC 20515			
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3087	
Amount Incurred This Period 15.25	Payment This Period .00	Outstanding Balance at Close of This Period 15.25	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club		Nature of Debt (Purpose): Invoice: various meals Travel Expenses	
Mailing Address 300 First Street SE			
City State ZIP Code Washington DC 20003			
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3088	
Amount Incurred This Period 91.76	Payment This Period .00	Outstanding Balance at Close of This Period 91.76	

1) SUBTOTALS This Period This Page (optional)	▶	152.61
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 159 / 168
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Galileo Ristorante		Nature of Debt (Purpose): Invoice: 7.03.04 meal Travel Expenses	
Mailing Address 1110 21st Street NW			
City Washington	State DC	ZIP Code 20036	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3089	
Amount Incurred This Period 58.50	Payment This Period .00	Outstanding Balance at Close of This Period 58.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Daily American		Nature of Debt (Purpose): Invoice: Fireworks Sponsor Donations	
Mailing Address 334 W Main Street PO Box 636			
City Somerset	State PA	ZIP Code 15501	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3153	
Amount Incurred This Period 2000.00	Payment This Period .00	Outstanding Balance at Close of This Period 2000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: August retainer and FedEx Adver	
Mailing Address 1875 Eye Street NW Suite 540			
City Washington	State DC	ZIP Code 20008	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3155	
Amount Incurred This Period 6593.08	Payment This Period .00	Outstanding Balance at Close of This Period 6593.08	

1) SUBTOTALS This Period This Page (optional)	▶	8651.56
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 180 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.29.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City	State	ZIP Code	
New York	NY	10013	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3111	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
200.00	.00	200.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.30.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City	State	ZIP Code	
New York	NY	10013	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3112	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
200.00	.00	200.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.30.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City	State	ZIP Code	
New York	NY	10013	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3113	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
200.00	.00	200.00	

1) SUBTOTALS This Period This Page (optional)	▶	600.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 181 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.30.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City State ZIP Code New York NY 10013			
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3114	
Amount Incurred This Period 200.00	Payment This Period .00	Outstanding Balance at Close of This Period 200.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 360002			
City State ZIP Code New York NY 33336			
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3115	
Amount Incurred This Period 148.20	Payment This Period .00	Outstanding Balance at Close of This Period 148.20	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Frsh Fields Whole Foods Market		Nature of Debt (Purpose): Invoice: 7.20.04 Travel Expenses	
Mailing Address 2323 Wisconsin Avenue NW			
City State ZIP Code Washington DC 20007			
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3116	
Amount Incurred This Period 148.28	Payment This Period .00	Outstanding Balance at Close of This Period 148.28	

1) SUBTOTALS This Period This Page (optional)	▶	496.46
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 182 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Hotel Restaurant		Nature of Debt (Purpose): Invoice: 7.23.04 Travel Expenses	
Mailing Address 401 South Juniata Street			
City Hollidaysburg State PA ZIP Code 16848			
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3117	
Amount Incurred This Period 28.68	Payment This Period .00	Outstanding Balance at Close of This Period 28.68	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: 7.23.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City Hollidaysburg State PA ZIP Code 16848			
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3118	
Amount Incurred This Period 4.73	Payment This Period .00	Outstanding Balance at Close of This Period 4.73	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona State PA ZIP Code 16802			
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3119	
Amount Incurred This Period 30.19	Payment This Period .00	Outstanding Balance at Close of This Period 30.19	

1) SUBTOTALS This Period This Page (optional)	▶	61.60
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 183 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn-Ligonier		Nature of Debt (Purpose): Invoice: 8.09.04 stay Travel Expenses	
Mailing Address 216 W Loyalhanna Street			
City Ligonier	State PA	ZIP Code 15658	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3120	
Amount Incurred This Period 97.01	Payment This Period .00	Outstanding Balance at Close of This Period 97.01	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn-Ligonier		Nature of Debt (Purpose): Invoice: 8.09.04 stay Travel Expenses	
Mailing Address 216 W Loyalhanna Street			
City Ligonier	State PA	ZIP Code 15658	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3121	
Amount Incurred This Period 97.01	Payment This Period .00	Outstanding Balance at Close of This Period 97.01	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 360002			
City Alltona	State PA	ZIP Code 33338	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3133	
Amount Incurred This Period 154.58	Payment This Period .00	Outstanding Balance at Close of This Period 154.58	

1) SUBTOTALS This Period This Page (optional)	▶	348.60
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 184 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton New York		Nature of Debt (Purpose): Invoice: Deposit Travel Expenses	
Mailing Address 1335 Avenue of the Americas			
City	State	ZIP Code	
New York	NY	10019	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3134	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
200.00	.00	200.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3135	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
29.05	.00	29.05	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Regency Transportation Group Limited		Nature of Debt (Purpose): Invoice: 8.18.04 limo Travel Expenses	
Mailing Address 1310 Superior Avenue			
City	State	ZIP Code	
Pittsburgh	PA	15212	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3136	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
234.07	.00	234.07	

1) SUBTOTALS This Period This Page (optional)	▶	463.12
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Regency Transportation Group Limited		Nature of Debt (Purpose): Invoice: 8.18.04 limo Travel Expenses	
Mailing Address 1310 Superior Avenue			
City	State	ZIP Code	
Pittsburgh	PA	15212	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3137	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
180.92	.00	180.92	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amtrak		Nature of Debt (Purpose): Invoice: 8.24.04 Travel Expenses	
Mailing Address Market Street			
City	State	ZIP Code	
Philadelphia	PA	19019	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV313B	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
124.95	.00	124.95	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club		Nature of Debt (Purpose): Invoice: various dinners Travel Expenses	
Mailing Address 300 First Street SE			
City	State	ZIP Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV314D	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
199.55	.00	199.55	

1) SUBTOTALS This Period This Page (optional)	▶	505.42
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 186 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CVS Pharmacy		Nature of Debt (Purpose): Invoice: supplies Administrative/Salary/	
Mailing Address 3200 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3142	
Amount Incurred This Period 8.13	Payment This Period .00	Outstanding Balance at Close of This Period 8.13	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton New York		Nature of Debt (Purpose): Invoice: Republican Convention Travel Ex	
Mailing Address 1335 Avenue of the Americas			
City New York	State NY	ZIP Code 10019	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3143	
Amount Incurred This Period 1745.00	Payment This Period .00	Outstanding Balance at Close of This Period 1745.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Town Car Limo Service Inc.		Nature of Debt (Purpose): Invoice: Republican Convention Travel Ex	
Mailing Address 245 W 72nd Street			
City New York	State NY	ZIP Code 10023	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3144	
Amount Incurred This Period 92.41	Payment This Period .00	Outstanding Balance at Close of This Period 92.41	

1) SUBTOTALS This Period This Page (optional)	▶	1845.54
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 187 / 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Altoona Mirror		Nature of Debt (Purpose): Invoice: Newspapers Administrative/Salar	
Mailing Address PO Box 200B			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3145	
Amount Incurred This Period 14.00	Payment This Period .00	Outstanding Balance at Close of This Period 14.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: Final retainer Advertising Expe	
Mailing Address 1875 Eye Street NW Suite 540			
City Washington	State DC	ZIP Code 20006	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3156	
Amount Incurred This Period 5000.00	Payment This Period .00	Outstanding Balance at Close of This Period 5000.00	

1) SUBTOTALS This Period This Page (optional)	▶	5014.00
2) TOTALS This Period (last page this line number only)	▶	106422.69
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Form/Schedule: **F3N**

Transaction ID:

The accompanying Report of Receipts and Disbursements from July 1, 2004 through September 30, 2004 for the Bill Shuster for Congress Committee included in the prescribed form have been prepared by Frederick A. Ciocca, CPA. I have prepared such financial statements in my capacity as treasurer of the Bill Shuster for Congress Committee.
