

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

BILL SHUSTER FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 27

Check if different than previously reported. (ACC)

HOLLIDAYSBURG

PA

16648

2. **FEC IDENTIFICATION NUMBER** ▼

C C00364935

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

PA

09

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

/ /

through

/ /

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 PAUL A KILGORE

Signature of Treasurer PAULA KILGORE

[Electronically Filed]

Date

/ /

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

Write or Type Committee Name
BILL SHUSTER FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	438760.00	496010.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	438760.00	495010.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	138099.54	221034.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	465.00	465.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	137634.54	220569.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	723506.41	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BILL SHUSTER FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	168100.00	192150.00
(ii) Unitemized.....	660.00	860.00
(iii) TOTAL of contributions from individuals ▶	168760.00	193010.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	270000.00	303000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	438760.00	496010.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	7083.33	7083.33
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	465.00	465.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	446308.33	503558.33

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	138099.54	221034.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS	0.00	25864.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	138099.54	247898.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	415297.62
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	446308.33
25. SUBTOTAL (add Line 23 and Line 24).....	861605.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	138099.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	723506.41

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRIAN ANNETT

Mailing Address 2181 SE OLUSTEE DR.

City State Zip Code
LEE FL 32059

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

Name of Employer Occupation
ANNETT BUS LINES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109757

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MRS. MADELEINE ARISON

Mailing Address 9999 COLLINS AVENUE APT 15G

City State Zip Code
BAL HARBOUR FL 33154

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11Al.109856

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. MICKY ARISON

Mailing Address 3655 NW 87TH AVENUE

City State Zip Code
MIAMI FL 33178

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

Name of Employer Occupation
CARNIVAL CORPORATION CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11Al.109854

Amount of Each Receipt this Period
2700.00

SUBTOTAL of Receipts This Page (optional).....

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) MR. MICKY ARISON		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 3655 NW 87TH AVENUE		Transaction ID : SA11Al.109855
City MIAMI	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer CARNIVAL CORPORATION	Occupation CHAIRMAN & CEO	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4200.00	

Full Name (Last, First, Middle Initial) MR. JOHN AUGUST		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2015
Mailing Address 5 PENN PLAZA		Transaction ID : SA11Al.109337
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RAIL WORKS CORP.	Occupation EXECUTIVE VICE PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) RICHARD C BARNETT		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 25 / 2015
Mailing Address 3504 CUMMINGS LN		Transaction ID : SA11Al.109732
City CHEVY CHASE	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer SAVILLS STUDLEY	Occupation EXECUTIVE MANAGING DIRECTOR	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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. MICHAEL K BERRY		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2015
Mailing Address 6217 GENOA RD.		Transaction ID : SA11Al.109595
City FORT WORTH	State TX	Zip Code 76116
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer HILLWOOD PROPERTIES	Occupation PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. MR. ROBERT L. BERRY		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2015
Mailing Address 27200 COUNTY ROAD 745		Transaction ID : SA11Al.109573
City LOS FRESNOS	State TX	Zip Code 78566
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer INTERNATIONAL SHIPBREAKING LIMITED LL	Occupation MANAGER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. EUGENE H BLABEY II		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2015
Mailing Address PO BOX 92		Transaction ID : SA11Al.109338
City FORESTBURGH	State NY	Zip Code 12777
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer WESTERN NEW YORK & PENNSYLVANIA RA	Occupation CHAIRMAN/CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BOB BOROCHOFF

Mailing Address 1520 BLAIR ST.

City HOUSTON State TX Zip Code 77008

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

Name of Employer CAFE ADOBE Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109739

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
BILL BOWLIN

Mailing Address 7802 SILENT FOREST DR

City SUGAR LAND State TX Zip Code 77479

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11Al.109594

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
J. CHRISTOPHER BRADY

Mailing Address 1800 DRURY LANE

City ALEXANDRIA State VA Zip Code 22307

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

Name of Employer CRA, LLC Occupation PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11Al.109860

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCOTT BRENNER

Mailing Address 103 W. ROSEMONT AVE.

City ALEXANDRIA State VA Zip Code 22301

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

Name of Employer GEPHARDT GOVERNMENT AFFAIRS Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 17 / 2015

Transaction ID : SA11AI.109620

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MR. DAVID BRONCZEK

Mailing Address 5965 RIVER OAKS

City MEMPHIS State TN Zip Code 38120

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

Name of Employer FEDEX Occupation PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11AI.109784

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
DANIEL BROWN

Mailing Address 114 SOUTHARM DR.

City GLENDALE State MO Zip Code 63122

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

Name of Employer RAILWORKS CORP. Occupation EQUIPMENT MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11AI.109339

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JAMES P. BROWN

Mailing Address 1615 L STREET NW STE. 520

City WASHINGTON State DC Zip Code 20036

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

Name of Employer BRACY TUCKER BROWN & VALANZANO Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11Al.109563

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
AMY C. BRUSCH

Mailing Address 31 NEW CHARDON STREET

City BOSTON State MA Zip Code 02114

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

Name of Employer O'NEILL AND ASSOCIATES Occupation VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11Al.109566

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
NICHOLAS CALIO

Mailing Address 1301 PENNSYLVANIA AVE. NW

City WASHINGTON State DC Zip Code 20004

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

Name of Employer AIRLINES FOR AMERICAN Occupation CEO AND PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : SA11Al.109621

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARTHUR E CAMERON

Mailing Address 224 FALCON RIDGE RD

City State Zip Code
GREAT FALLS VA 22066

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2015

Transaction ID : SA11AI.109504

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MICHAEL CHOAT

Mailing Address 2705 HARBORSIDE DR.

City State Zip Code
GRANBURY TX 76048

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

Name of Employer Occupation
RAILROAD CONTROLS LP PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11AI.109341

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
TATE CHRISTENSEN

Mailing Address 675 CEDAR CANYON RD.

City State Zip Code
CRAWFORD TX 76638

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

Name of Employer Occupation
BARSH COMPANY GENERAL CONTRACTOR PROJECT MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109743

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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. MR. DAVID S. CHUNG		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 10 / 2015	
Mailing Address 4510 BRYN MAWR LANE		Transaction ID : SA11AI.109576	
City HOUSTON	State TX	Zip Code 77027	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer EXELON CORP.	Occupation ENERGY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) B. DONALD COLEMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 15 / 2015	
Mailing Address 7902 NW SCENIC DR.		Transaction ID : SA11AI.109307	
City KANSAS CITY	State MO	Zip Code 64152	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer COLEMAN INDUSTRIAL CONSTRUCTION	Occupation PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) C. MR. THOMAS J COLLINS		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 15 / 2015	
Mailing Address 333 S. MADISON STREET		Transaction ID : SA11AI.109305	
City LA GRANGE	State IL	Zip Code 60525	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer COLLINS ENGINEERS	Occupation CONSULTANT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1800.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANSEL H COWAN

Mailing Address **PO BOX 54020**

City **LUBBOCK** State **TX** Zip Code **79453**

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

Name of Employer **COWAN-HILL BOND AGENCY** Occupation **AGENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SA11Al.109774

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER M. CRANE

Mailing Address **2450 PERSIMMON DR.**

City **ST. CHARLES** State **IL** Zip Code **60174**

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

Name of Employer **EXELON** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11Al.109525

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROBERT G CRAWFORD

Mailing Address **9 SUMMERHILL DR.**

City **SAINT JOSEPH** State **MO** Zip Code **64507**

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

Name of Employer **HERTZOG RAILROAD SERVICES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 27 / 2015

Transaction ID : SA11Al.109342

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. GREGORY B CUNDIFF

Mailing Address 1247 RUTHERFORD RIDGE

City State Zip Code
O'FALLON IL 62269

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

Name of Employer Occupation
IRONHORSE RESOURCES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11AI.109332

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JAMES A DALOISIO

Mailing Address 209 SHERWIN RD.

City State Zip Code
MULLICA HILL NJ 08062

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

Name of Employer Occupation
RAILROAD CONSTRUCTION COMPANY OF S VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11AI.109345

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES J DALOISIO

Mailing Address 705 MANTUA AVE.

City State Zip Code
PAULSBORO NJ 08066

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

Name of Employer Occupation
RAILROAD CONSTRUCTION CO OF S. JERSE ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11AI.109344

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHRISTOFER DALOISIO

Mailing Address 171 COUNTRY CLUB DR.

City LUMBERTON State NJ Zip Code 08048

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

Name of Employer RAILROAD CONSTRUCTORS Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2015

Transaction ID : SA11AI.109254

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
ALFONSO DALOISIO JR.

Mailing Address 378 LAWRENCE CT.

City WYCKOFF State NJ Zip Code 07481

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11AI.109343

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
JAMES D DANNENBAUM

Mailing Address 3100 W ALABAMA ST.

City HOUSTON State TX Zip Code 77098

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

Name of Employer DANNENBAUM ENGINEERING CORP. Occupation CHAIRMAN AND CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11AI.109602

Amount of Each Receipt this Period
 2700.00

SUBTOTAL of Receipts This Page (optional).....

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHIRLEY M DANNENBAUM

Mailing Address 3100 W ALABAMA ST.

City HOUSTON	State TX	Zip Code 77098
-----------------	-------------	-------------------

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

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109738

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JOHN W. DAVIDSON

Mailing Address 7550 IH 10 W STE 800

City SAN ANTONIO	State TX	Zip Code 78229
---------------------	-------------	-------------------

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

Name of Employer DAVIDSON TROILO REAM	Occupation ATTORNEY
--	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11Al.109593

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN LEE DEEVER

Mailing Address 4106 GREEN OAK DR.

City WACO	State TX	Zip Code 76710
--------------	-------------	-------------------

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

Name of Employer DEEVER & DEEVER	Occupation ATTORNEY
-------------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109767

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN A. DEVIERNO

Mailing Address 9417 BYEFORDE RD

City KENSINGTON State MD Zip Code 20895

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

Name of Employer CADOTAG Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109745

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
DAVID DICKSON

Mailing Address 521 RANCK RD

City NEW HOLLAND State PA Zip Code 17557

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

Name of Employer ELITE COACHES Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109754

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID DONAT

Mailing Address 8334 LEAFY LANE

City HOUSTON State TX Zip Code 77055

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

Name of Employer CONSTELLATION ENERGY Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2015

Transaction ID : SA11AI.109781

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM R DORRIS

Mailing Address 24932 W. PRAIRIE DR.

City: PLAINFIELD State: IL Zip Code: 60544

FEC ID number of contributing federal political committee: C

Name of Employer: RAILWORKS TRACK SERVICES Occupation: VP & REGIONAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 01 / 27 / 2015

Transaction ID : SA11Al.109346

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
THOMAS M. DOW

Mailing Address 1750 P STREET NW, PH-3

City: WASHINGTON State: DC Zip Code: 20036

FEC ID number of contributing federal political committee: C

Name of Employer: CARNIVAL NORTH AMERICA LLC Occupation: VP PUBLIC AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 03 / 10 / 2015

Transaction ID : SA11Al.109565

Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM J DRUNSIK

Mailing Address PO BOX 795

City: MANCHESTER CENTER State: VT Zip Code: 05255

FEC ID number of contributing federal political committee: C

Name of Employer: NASHVILLE & EASTERN RAILROAD Occupation: PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 01 / 27 / 2015

Transaction ID : SA11Al.109347

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARK DUNKERLEY

Mailing Address 3003 KALAKAUA AVE., APT. 3-A

City HONOLULU State HI Zip Code 96815

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

Name of Employer HAWAIIAN AIRLINES Occupation PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11Al.109787

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
RICHARD L EBERSOLD

Mailing Address 12111 TUSCANY LAKE DR.

City SAINT JOSEPH State MO Zip Code 64505

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

Name of Employer HERZOG SERVICES, INC. Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11Al.109348

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KATHLEEN EISBRENNER

Mailing Address 214 N TRANQUIL PATH

City THE WOODLANDS State TX Zip Code 77380

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

Name of Employer NEXT DECADE Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11Al.109600

Amount of Each Receipt this Period
2700.00

SUBTOTAL of Receipts This Page (optional).....

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAY W. EISBRENNER

Mailing Address 214 N TRANQUIL PATH

City State Zip Code
THE WOODLANDS TX 77380

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SA11AI.109601

Amount of Each Receipt this Period
2300.00

B. Full Name (Last, First, Middle Initial)
MR. C. GREGORY EVANS

Mailing Address 8787 TALLYHO

City State Zip Code
HOUSTON TX 77061

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

Name of Employer Occupation
UNIVERSAL WEATHER & AVIATION CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11AI.109857

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. C. GREGORY EVANS

Mailing Address 8787 TALLYHO

City State Zip Code
HOUSTON TX 77061

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

Name of Employer Occupation
UNIVERSAL WEATHER & AVIATION CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11AI.109858

Amount of Each Receipt this Period
2300.00

SUBTOTAL of Receipts This Page (optional).....

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

7300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHARD FAIN

Mailing Address 700 ARVIDA PKWY

City State Zip Code
CORAL GABLES FL 33156

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

Name of Employer Occupation
ROYAL CARIBBEAN INTERNATIONAL CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11Al.109852

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
RICHARD FAIN

Mailing Address 700 ARVIDA PKWY

City State Zip Code
CORAL GABLES FL 33156

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

Name of Employer Occupation
ROYAL CARIBBEAN INTERNATIONAL CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11Al.109853

Amount of Each Receipt this Period
1400.00

C. Full Name (Last, First, Middle Initial)
MR. SIMON FALIC

Mailing Address 150 HARBOUR WAY

City State Zip Code
BAL HARBOUR FL 33154

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

Name of Employer Occupation
DUTY FREE AMERICAS CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 05 / 2015

Transaction ID : SA11Al.109522

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

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

6700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR LEON FALIC

Mailing Address 6100 HOLLYWOOD BLVD. FL7

City: HOLLYWOOD State: FL Zip Code: 33024

FEC ID number of contributing federal political committee: C

Name of Employer: DUTY FREE AMERICAS Occupation: PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 05 / 2015

Transaction ID : SA11AI.109523

Amount of Each Receipt this Period: 2600.00

B. Full Name (Last, First, Middle Initial)
MR. JEROME FALIC

Mailing Address 209 BAL BAY DR.

City: BAL HARBOUR State: FL Zip Code: 33154

FEC ID number of contributing federal political committee: C

Name of Employer: DUTY FREE AMERICAS Occupation: CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 05 / 2015

Transaction ID : SA11AI.109524

Amount of Each Receipt this Period: 2600.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID FINK

Mailing Address 1700 IRON HORSE PARK

City: NORTH BILLERICA State: MA Zip Code: 01862

FEC ID number of contributing federal political committee: C

Name of Employer: PAN AM RAILWAYS Occupation: PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 01 / 15 / 2015

Transaction ID : SA11AI.109308

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional).....

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL FINNEGAN

Mailing Address 5213 DALBY LANE

City State Zip Code
BURKE VA 22015

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

Name of Employer Occupation
TEXAS CENTRAL RAILWAY BUSINESS DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.109864

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM J FLYNN

Mailing Address 212 EAST 57TH STREET APT. PH

City State Zip Code
NEW YORK NY 10022

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

Name of Employer Occupation
ATLAS AIR PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11AI.109569

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
HOLLOWAY FROST

Mailing Address PO BOX 667

City State Zip Code
HOUSTON TX 77001

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109736

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

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

5100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM A FURMAN

Mailing Address 1 CENTERPOINTE DR. STE. 200

City LAKE OSWEGO State OR Zip Code 97035

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

Name of Employer GREENBRIAR COMPANIES Occupation CHAIRMAN OF THE BOARD & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11Al.109571

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
CLAYTON GILLILAND

Mailing Address 424 GREYSTONE DRIVE

City FARMINGTON State UT Zip Code 84025

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

Name of Employer STACY & WITBECK Occupation MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2015

Transaction ID : SA11Al.109253

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. ADAM M. GOLDSTEIN

Mailing Address 4321 SANTA MARIA STREET

City CORAL GABLES State FL Zip Code 33146

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

Name of Employer CRUISE LINES INTERNATIONAL Occupation PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11Al.109568

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. RICHARD GONSOULIN

Mailing Address 3913 HWY 24

City State Zip Code
BOURG LA 70343

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

Name of Employer Occupation
LEBEOUF BROS. TOWING LLC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015

Transaction ID : SA11AI.109366

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
EDMUND C GRABER

Mailing Address 10102 LAWYERS RD

City State Zip Code
VIENNA VA 22181

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

Name of Employer Occupation
EDMUND GRABER ASSOCIATES CONSULTANT-GOVERNMENT AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109730

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROBERT L GREENE

Mailing Address 19060 U STREET

City State Zip Code
OMAHA NE 68135

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

Name of Employer Occupation
AMAYA-ASTRON SEATING SALES REP.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109755

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVID GRENADER

Mailing Address 4708 CAROLINE

City HOUSTON State TX Zip Code 77004

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

Name of Employer SELF EMPLOYED Occupation REAL ESTATE MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109773

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
BRUCE E GREWCOCK

Mailing Address 3555 FARNAM ST.
STE. 1000

City OMAHA State NE Zip Code 68131

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

Name of Employer PETER KIEWIT SONS', INC. Occupation CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11Al.109561

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
MR. MARC ROYAL HACKETT

Mailing Address 10689 108TH AVE. N

City HANOVER State MN Zip Code 55341

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

Name of Employer DORAM MAINTENANCE OF WAY Occupation DIRECTOR OF OPERATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2015

Transaction ID : SA11Al.109255

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES R HANSEN

Mailing Address 5541 JENNI LANE

City State Zip Code
WHITE BEAR LAKE MN 55110

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

Name of Employer Occupation
RAILWORKS VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2015

Transaction ID : SA11AI.109306

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. DALE R HAWK

Mailing Address 147 WATER OAK DRIVE

City State Zip Code
PONTE VEDRA BEACH FL 32082

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11AI.109349

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT NATHAN HENDERSON

Mailing Address 1753 BATTERY ST.

City State Zip Code
LEXINGTON KY 40509

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

Name of Employer Occupation
RJ CORMAN RAILROAD GROUP MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2015

Transaction ID : SA11AI.109785

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. GREGORY Y. HILL

Mailing Address 3604 MOON RIVER ROAD

City State Zip Code
AUSTIN TX 78746

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

Name of Employer Occupation
CHERTOFF GROUP CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2015

Transaction ID : SA11AI.109502

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
HUNTON & WILLIAMS, LLP

Mailing Address 1900 K ST NW

City State Zip Code
WASHINGTON DC 20006

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 18 / 2015

Transaction ID : SA11AI.109445

Amount of Each Receipt this Period
1000.00

NO ITEMIZATION NECESSARY

C. Full Name (Last, First, Middle Initial)
MR. MARK HUSTON

Mailing Address 4450 STONECREST DRIVE

City State Zip Code
ELLCOTT CITY MD 21043

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

Name of Employer Occupation
EXELON/CONSTELLATION PRESIDENT-RETAIL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 07 / 2015

Transaction ID : SA11AI.109526

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILL JONES

Mailing Address 5309 HILLCREST DR.

City: WACO State: TX Zip Code: 76710

FEC ID number of contributing federal political committee: C

Name of Employer: MCLENNAN COUNTY Occupation: COMMISSIONER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 25 / 2015

Transaction ID : SA11Al.109766

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL P JOYCE

Mailing Address 2120 VERMONT AVE. NW #313

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: C

Name of Employer: PACCAR Occupation: DIRECTOR OF GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 25 / 2015

Transaction ID : SA11Al.109733

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
KATHRYN C KAUFMAN

Mailing Address 401 - 6TH ST. SE

City: WASHINGTON State: DC Zip Code: 20003

FEC ID number of contributing federal political committee: C

Name of Employer: TEXAS CENTRAL RAILWAY Occupation: VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2015

Transaction ID : SA11Al.109863

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. RONALD C. KAUFMAN

Mailing Address 250 BEACON ST. UNIT 2

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation
MCKENNA LONG & ALDRIDGE SR. STRATEGY ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11Al.109862

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. GARY C. KELLY

Mailing Address 3232 BRETON DR.

City State Zip Code
PLANO TX 75025

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

Name of Employer Occupation
SOUTHWEST AIRLINES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11Al.109570

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
KENNETH J KLEIN

Mailing Address 10315 FOLK ST

City State Zip Code
SILVER SPRING MD 20902

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

Name of Employer Occupation
OUTDOOR ADVERTISING OF AMERICA VICE PRESIDENT-GOVT AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11Al.109859

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KENDALL F KOFF

Mailing Address 17737 E LAKE PL.

City State Zip Code
AURORA CO 80016

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

Name of Employer Occupation
OMNITRAY SENIOR VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11Al.109350

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DALE N KRAPF

Mailing Address 220 HUNTING HILL LN

City State Zip Code
WEST CHESTER PA 19380

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

Name of Employer Occupation
KRAPF BUS COMPANIES CHAIRMAN OF THE BOARD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109759

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM D LACY

Mailing Address PO BOX 1701

City State Zip Code
WACO TX 76703

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

Name of Employer Occupation
COMMUNITY BANK & TRUST BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109772

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHARD P LAWLESS

Mailing Address 3133 CONNECTICUT AVE. NW
APT. 2303

City WASHINGTON State DC Zip Code 20008

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

Name of Employer NEW MAGELLAN VENTURES, LLC Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.109861

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GODFREY LEBRON JR

Mailing Address 102 LAUMAN LN

City HICKSVILLE State NY Zip Code 11801

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

Name of Employer PARADISE TRAVEL Occupation VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109761

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LEGACY INVESTMENT PROPERTIES

Mailing Address PO BOX 2

City HARLINGEN State TX Zip Code 78551

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11AI.109596

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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. ALAN JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2015	
Mailing Address PO BOX 2		Transaction ID : SA11Al.109597	
City HARLINGEN	State TX	Zip Code 78551	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer LEGACY INVESTMENT PROPERTIES	Occupation INVESTMENTS		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
		[MEMO ITEM] PARTNERSHIP LEGACY INVESTMENT PROPERTIES	

Full Name (Last, First, Middle Initial) B. RICHARD J LEIDL		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 25 / 2015	
Mailing Address 7304 DURBIN TERR		Transaction ID : SA11Al.109734	
City BETHESDA	State MD	Zip Code 20817	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RICH LEIDL, PC	Occupation PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. MICHELLE E. LIEBER		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015	
Mailing Address 25 MASSACHUSETTS AVE NW STE 350		Transaction ID : SA11Al.109813	
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 ALLY	Occupation CHIEF OF PUBLIC POLICY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RYAN J LINDSEY

Mailing Address 5008 LOCKWOOD

City State Zip Code
WACO TX 76710

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

Name of Employer Occupation
OLDCASTLE MATERIALS VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109741

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
GREGORY W LIPPARD

Mailing Address 6818 REYNOLDS ST.

City State Zip Code
PITTSBURGH PA 15208

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

Name of Employer Occupation
L.B. FOSTER CO. VP RAIL PRODUCTS & SALES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11Al.109351

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MICHEL MAKSOUD

Mailing Address 7051 PINE VISTA LN.

City State Zip Code
HOUSTON TX 77092

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

Name of Employer Occupation
DANNENBAUM ENGINEERING CORP. CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109770

Amount of Each Receipt this Period
2700.00

SUBTOTAL of Receipts This Page (optional).....

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CARLOS M MARIN

Mailing Address 295 CALLE JACARANDA

City State Zip Code
BROWNSVILLE TX 78520

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

Name of Employer Occupation
AMBIOTEC CIVIL ENGINEERING PRESIDENT AND CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11AI.109604

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
TRENT E MARSHALL

Mailing Address 6086 ROLLING GREEN DRIVE

City State Zip Code
GRAND BLANC MI 48439

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

Name of Employer Occupation
PROGRESS RAIL EQUIPMENT LEASING VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2015

Transaction ID : SA11AI.109231

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BRENDAN R MCCA HILL

Mailing Address 4 MEADOWVIEW DR

City State Zip Code
COLTS NECK NJ 07722

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

Name of Employer Occupation
DATA MYNE CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.109814

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional).....

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS MCCAUGHEY

Mailing Address 115 SEACREST LN

City WARWICK State RI Zip Code 02889

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

Name of Employer FLAGSHIP TRAILWAYS Occupation PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11Al.109812

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MARIE MCCLELLAN

Mailing Address 3510 NORTHRIDGE DR.

City WACO State TX Zip Code 76710

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

Name of Employer PRACTICALLY PICASSO Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109744

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
RONALD L MCDANIEL

Mailing Address 8005 WOODSIDE LN.

City BURR RIDGE State IL Zip Code 60527

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

Name of Employer WESTERN-CULLEN-HAYES Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11Al.109352

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JON M MCGRATH

Mailing Address 4139 S FLORENCE AVE.

City State Zip Code
TULSA OK 74105

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

Name of Employer Occupation
MCGRATH, LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11AI.109353

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
DILLON MEEK

Mailing Address 104 N 24TH ST.

City State Zip Code
WACO TX 76701

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

Name of Employer Occupation
RYDELL HOLDINGS GENERAL COUNSEL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109742

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
VICENTE MENDEZ

Mailing Address 1920 WESTMINSTER RD

City State Zip Code
BROWNSVILLE TX 78521

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

Name of Employer Occupation
AMBIOTEC CIVIL ENGINEERING CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11AI.109603

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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. CRAIG W MEYN		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2015	
Mailing Address 24042 SEVEN WINDS		Transaction ID : SA11Al.109354	
City SAN ANTONIO	State TX	Zip Code 78258	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer RAILWORKS	Occupation VICE PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) B. DENNIS H MILLER		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2015	
Mailing Address 4703 LEPRECHAUN LN.		Transaction ID : SA11Al.109355	
City CEDAR RAPIDS	State IA	Zip Code 52411	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer IOWA INTERSTATE RAILROAD	Occupation VICE CHAIRMAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) C. CLAUDETTE MILNER		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 25 / 2015	
Mailing Address 431 W 21ST ST.		Transaction ID : SA11Al.109769	
City HOUSTON	State TX	Zip Code 77008	Amount of Each Receipt this Period _____ 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer DANNENBAUM ENGINEERING	Occupation CIVIL ENGINEER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2700.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 3700.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MISCHER INVESTMENTS, L.P.

Mailing Address 9 GREENWAY PLAZA
STE. 2900

City HOUSTON State TX Zip Code 77046

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109747

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MR. WALTER MISCHER

Mailing Address 9 GREENWAY PLAZA STE. 2900

City HOUSTON State TX Zip Code 77046

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

Name of Employer Occupation
 MISCHER INVESTMENTS LP PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109779

Amount of Each Receipt this Period
 1000.00

[MEMO ITEM]
 PARTNERSHIP MISCHER INVESTMENTS, L.P.

C. Full Name (Last, First, Middle Initial)
THOMAS C MITCHELL

Mailing Address 402 COASTAL VIEW DR.

City WEBSTER State NY Zip Code 14580

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

Name of Employer Occupation
 BERGMANN ASSOCIATES CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11AI.109356

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 926 CHARTER OAKS DR

City RANDLEMAN State NC Zip Code 27317

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

Name of Employer HOLIDAY COMPANIES Occupation GENERAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109753

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN R O'DONNELL

Mailing Address 4622 DAVENPORT ST NW

City WASHINGTON State DC Zip Code 20016

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

Name of Employer MURRAY MONTGOMERY O'DONNELL Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11AI.109605

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. DOUGLAS A. OSE

Mailing Address PO BOX 255628

City SACRAMENTO State CA Zip Code 95865

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2015

Transaction ID : SA11AI.109250

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STEVEN O PALMER

Mailing Address 5827 N 27TH ST.

City ARLINGTON State VA Zip Code 22207

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

Name of Employer VAN SCOYOC ASSOCIATES Occupation VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11Al.109562

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MR. DOUG PARKER

Mailing Address 3517 LEXINGTON AVE.

City DALLAS State TX Zip Code 75205

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

Name of Employer AMERICAN AIRLINES Occupation CHAIRMAN AND CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11Al.109783

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
MR. RONALD L. PECKHAM

Mailing Address 4018 PAWNEE DR.

City LIVERPOOL State NY Zip Code 13090

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

Name of Employer C&S COMPANIES Occupation CHAIRMAN/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11Al.109564

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DR. NOLAN PEREZ

Mailing Address 512 VICTORIA LANE STE. 2

City HARLINGEN State TX Zip Code 78550

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

Name of Employer GI CONSULTANTS OF SOUTH TX Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2015

Transaction ID : SA11Al.109447

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
JEFF POLZIEN

Mailing Address 11504 CORE AVE

City OKLAHOMA CITY State OK Zip Code 73170

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

Name of Employer RED CARPET CHARTERS Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109765

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
KENNETH PRESLEY

Mailing Address 113 S WEST ST STE 4

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer UNITED MOTORCOACH ASSOCIATIONS Occupation VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109764

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHARD REAVES

Mailing Address 437 W 21ST

City HOUSTON State TX Zip Code 77008

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109771

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RICHARD P. SCHWEITZER, PLLC

Mailing Address 1776 K ST. NW STE. 800

City WASHINGTON State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109748

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RICHARD SCHWEITZER

Mailing Address 1776 K STREET NW - SUITE 800

City WASHINGTON State DC Zip Code 20006

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109749

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
PARTNERSHIP RICHARD P. SCHWEITZER, PLLC

SUBTOTAL of Receipts This Page (optional).....

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. CHRIS ROBB

Mailing Address 47 PIRATES BEACH WEST

City State Zip Code
GALVESTON TX 77554

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

Name of Employer Occupation
ERNST & YOUNG LLP CPA/PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2015

Transaction ID : SA11Al.109503

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MATTHEW ROSE

Mailing Address 1110 POST OAK PLACE

City State Zip Code
WESTLAKE TX 76262

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

Name of Employer Occupation
BNSF RAILWAY EXECUTIVE CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SA11Al.109729

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
JOHN C. RUNYAN

Mailing Address 1000 POTOMAC ST. NW STE. 102

City State Zip Code
WASHINGTON DC 20007

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

Name of Employer Occupation
RUNYAN PUBLIC AFFAIRS PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SA11Al.109746

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER W SALLESE

Mailing Address 2506 SISKIN TRL.

City LEAGUE CITY State TX Zip Code 77573

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

Name of Employer DANNENBAUM ENGINEERING CORP. Occupation ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109768

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY F SCHUBERT

Mailing Address 204 CITY RD. 23

City PIERZ State MN Zip Code 56364

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

Name of Employer TROBEC BUS Occupation GENERAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109750

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM ADDISON SCOTT

Mailing Address 7217 VIA CORRETO DRIVE

City AUSTIN State TX Zip Code 78749

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

Name of Employer EXELON CORP. Occupation VP, STATE GOV'T. AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2015

Transaction ID : SA11Al.109578

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. NICHOLAS SERAFY

Mailing Address 205 WEST LEVEE ST.

City	State	Zip Code
BROWNSVILLE	TX	78520

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

Name of Employer	Occupation
PROFICIENCY TESTING SERVICE	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11Al.109577

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
MR. RICK SHELDON

Mailing Address 4006 GREEN OAK

City	State	Zip Code
WACO	TX	76710

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

Name of Employer	Occupation
RICK SHELDON REAL ESTATE LLC	PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA11Al.109513

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM SHELL

Mailing Address 817 SHADY HOLLOW DR.

City	State	Zip Code
GEORGETOWN	TX	78628

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

Name of Employer	Occupation
GEORGETOWN RAIL EQUIPMENT CO.	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2015

Transaction ID : SA11Al.109252

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN M SILVANIE

Mailing Address 146 TANTON HILL ROAD

City State Zip Code
RIDGEFIELD CT 06877

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

Name of Employer Occupation
WHITE PLAINS BUS CO. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109762

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
JEFF SMISEK

Mailing Address 5211 BRIAR DR.

City State Zip Code
HOUSTON TX 77056

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

Name of Employer Occupation
UNITED AIRLINES PRESIDENT AND CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11Al.109609

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
IRIS SMITH

Mailing Address 1215 SPRUCE ST STE 200

City State Zip Code
BOULDER CO 80302

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

Name of Employer Occupation
SELF EMPLOYED CREATIVE ARTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : SA11Al.109618

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL S. SMITH

Mailing Address 333 CLAY ST. STE. 5050

City HOUSTON State TX Zip Code 77002

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

Name of Employer FREEPORT LNG Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2015

Transaction ID : SA11AI.109623

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
CRAIG F STONG

Mailing Address 15920 REYES RIDGE

City HELOTES State TX Zip Code 78023

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

Name of Employer TEDSI INFRASTRUCTURE GROUP Occupation ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11AI.109608

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY STOUT

Mailing Address 21 MEADOW LANE

City PENNINGTON State NJ Zip Code 08534

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

Name of Employer STOUT'S TRANSPORTATION Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109752

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DANIEL STOUT

Mailing Address 285 TUDOR WAY

City State Zip Code
SENOIA GA 30276

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

Name of Employer Occupation
STX CORPORATION VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11AI.109782

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DENNIS W STREIF

Mailing Address 3505 ROSEWOOD LN.

City State Zip Code
COLUMBIA IL 62236

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

Name of Employer Occupation
SW IL BUS CO MARKETING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.109815

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
SUZANNE SULLIVAN

Mailing Address 1609 COASTAL HIGHWAY
306 SOUTH

City State Zip Code
DEWEY BEACH DE 19971

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

Name of Employer Occupation
MCCANN CAPITOL ADVOCATES PRINCIPAL-GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11AI.109567

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TRACY D TAYLOR

Mailing Address 121 WEST MAPLE STREET

City State Zip Code
ALEXANDRIA VA 22301

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

Name of Employer Occupation
WILLIAMS & JENSEN PLLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109731

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
THOMAS H TAYLOR

Mailing Address 29 ROBERTSON WAY

City State Zip Code
LINCOLN PARK NJ 07035

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

Name of Employer Occupation
LAKELAND BUS SAFETY DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109756

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RICHARD E THIELEN

Mailing Address 1205 S HALVORSON ST.

City State Zip Code
REDWOOD FALLS MN 56283

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

Name of Employer Occupation
THIELEN COACHES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11Al.109751

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRADLEY D TILDEN

Mailing Address 1168 HARVARD AVE. E, PH8

City State Zip Code
SEATTLE WA 98102

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

Name of Employer Occupation
ALASKA AIRLINES CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11Al.109610

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
TREVINO AND BODDEN

Mailing Address 805 MEDIA LUNA STE 300

City State Zip Code
BROWNSVILLE TX 78520

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11Al.109598

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
EDDIE TREVINO

Mailing Address 805 MEDIA LUNA STE 300

City State Zip Code
BROWNSVILLE TX 78520

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

Name of Employer Occupation
TREVINO AND BODDEN PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11Al.109599

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]
PARTNERSHIP TREVINO AND BODDEN

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICK TULLIS

Mailing Address 1605 OAK HOLLOW

City WACO State TX Zip Code 76712

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

Name of Employer CAPSTONE MECHANICAL Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109740

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MARK M WALKER

Mailing Address 1214 30TH ST. NW

City WASHINGTON State DC Zip Code 20007

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

Name of Employer NEW MAGELLAN VENTURES Occupation ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.109865

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
JOHN WALKER

Mailing Address 1603 NACOGDOCHES RD.

City SAN ANTONIO State TX Zip Code 78209

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

Name of Employer STAR SHUTTLE, INC. Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109775

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KATHLEEN WALL

Mailing Address **PO BOX 667**

City **HOUSTON** State **TX** Zip Code **77001**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SA11Al.109737

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
THOMAS J WALSH

Mailing Address **9000 PICKERING ST.**

City **MISSOULA** State **MT** Zip Code **59808**

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

Name of Employer **MONTANA RAIL LINK** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 27 / 2015

Transaction ID : SA11Al.109359

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
AIMIN WANG

Mailing Address **81A SOMERSET DR**

City **GREAT NECK** State **NY** Zip Code **11020**

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

Name of Employer **EASTERN COACH COMPANY** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SA11Al.109760

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TIMOTHY E WAYLAND

Mailing Address 2032 LEGACY DR

City FARIBAULT State MN Zip Code 55021

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

Name of Employer ABC BUS COMPANIES Occupation COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109758

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MR. RICHARD B WEBB

Mailing Address 315 WEST THIRD STREET

City PITTSBURG State KS Zip Code 66762

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

Name of Employer WATCO COMPANIES Occupation PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11AI.109360

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
BECKY B WEBER

Mailing Address 7603 BENT OAK COURT

City FALLS CHURCH State VA Zip Code 22043

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

Name of Employer PRIME POLICY GROUP Occupation MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.109763

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

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

FOR LINE NUMBER: PAGE 55 OF 161
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PAUL YAROSSI

Mailing Address 71 WILD PASTURE RD.

City State Zip Code
KENSINGTON NH 03833

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

Name of Employer Occupation
HNTB ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2015

Transaction ID : SA11Al.109619

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
GUMECINDO YBARRA

Mailing Address 2811 E MILE 9 1/2 N

City State Zip Code
DONNA TX 78537

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

Name of Employer Occupation
DL, INC. CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11Al.109607

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
C.J. ZANE

Mailing Address 510 L ST SUITE 400

City State Zip Code
ANCHORAGE AK 99501

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

Name of Employer Occupation
BLANK ROME MANAGING PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11Al.109816

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

4200.00

168100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ABIBOW US INC. D/B/A RESOLUTE FOREST PRODUCTS PAC

Mailing Address 3502 REGENTS PARK COURT

City ARLINGTON State TX Zip Code 76017

FEC ID number of contributing federal political committee. **C** C00350884

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2015

Transaction ID : SA11C.109519

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 1625 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2015

Transaction ID : SA11C.109507

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 1625 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2015

Transaction ID : SA11C.109508

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....

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

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AIRLINES FOR AMERICA (A4A) POLITICAL ACTION COMMITTEE

Mailing Address 1301 PENNSYLVANIA AVENUE NW

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00114694

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11C.109553

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
AIRLINES FOR AMERICA (A4A) POLITICAL ACTION COMMITTEE

Mailing Address 1301 PENNSYLVANIA AVENUE NW

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00114694

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11C.109554

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA PAC

Mailing Address 1615 L STREET NW SUITE 300

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00341800

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11C.109551

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....

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

15000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALASKA AIR GROUP INC. POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 68900

City SEATTLE State WA Zip Code 98168

FEC ID number of contributing federal political committee. **C** C00024349

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109839

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
ALLIED PILOTS ASSOCIATION PAC

Mailing Address 14600 TRINITY BLVD-SUITE 500

City FORT WORTH State TX Zip Code 76155

FEC ID number of contributing federal political committee. **C** C00267849

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2015

Transaction ID : SA11C.109518

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
AM ASSOC OF AIRPORT EXECUTIVES PAC

Mailing Address 601 MADISON ST SUITE 400

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00176727

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11C.109587

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMALGAMATED TRANSIT UNION-COPE PAC

Mailing Address 5025 WISCONSIN AVE NW

City State Zip Code
WASHINGTON DC 20016

FEC ID number of contributing federal political committee. **C C00032995**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2015

Transaction ID : SA11C.109408

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN AIRLINES PAC

Mailing Address 1101 17TH ST NW NO 600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00107300**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11C.109560

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN CONCRETE PAVEMENT ASSOC PAC

Mailing Address 9450 W BRYN MAWR AVE.
STE. 150

City State Zip Code
ROSEMONT IL 60018

FEC ID number of contributing federal political committee. **C C00322727**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109707

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN CONCRETE PIPE ASSOCIATION PAC

Mailing Address 8445 FREEPORT PKWY
SUITE 350

City IRVING State TX Zip Code 75063

FEC ID number of contributing federal political committee. **C** C00425686

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109705

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF GOVT EMPLOYEES PAC

Mailing Address 80 F STREET, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 26 / 2015

Transaction ID : SA11C.109510

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN FOREST & PAPER ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 19TH STREET , NW
SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029348

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109715

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION PAC

Mailing Address 25 MASSACHUSETTS AVE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109712

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN MOVING STORAGE ASSOC. PAC

Mailing Address 1611 DUKE ST

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00255257**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109720

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN SHIPPING AND LOGISTICS GROUP FREEDOM PAC/ASL FREEDOM PAC

Mailing Address 1 MAYNARD DRIVE

City PARK RIDGE State NJ Zip Code 07656

FEC ID number of contributing federal political committee. **C C00432963**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109711

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN SHORTLINBE & REGIONAL RAILROAD ASSOC. PAC (ASLRRRA-PAC)

Mailing Address 50 F ST NW SUITE 7020

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00298190**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11C.109333

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF TRAVEL AGENTS

Mailing Address 1101 KING ST

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00114108**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109723

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN SOYBEAN ASSOCIATION PAC (SOYPAC)

Mailing Address 12125 WOODCREST EXECUTIVE DRIVE
SUITE 100

City ST LOUIS State MO Zip Code 63141

FEC ID number of contributing federal political committee. **C C00408468**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11C.109581

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN WATERWAYS OPERATORS PAC

Mailing Address 801 QUINCY ST N
SUITE 200

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00034678

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109713

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
AMO VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 W DIXIE HWY

City DANIA BEACH State FL Zip Code 33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109719

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
AMO VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 W DIXIE HWY

City DANIA BEACH State FL Zip Code 33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109724

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARTBA-PAC

Mailing Address 1219 28TH ST NW

City WASHINGTON State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C C00118208**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109820

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ASIAN AMERICAN HOTEL OWNERS ASSOCIATION PAC

Mailing Address 228 S. WASHINGTON ST. STE. 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00336743**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11C.109786

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
ASIAN AMERICAN HOTEL OWNERS ASSOCIATION PAC

Mailing Address 228 S. WASHINGTON ST. STE. 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00336743**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109841

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ASSOCIATED EQUIPMENT DISTRIBUTORS PAC

Mailing Address 121 HENRY ST N

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00010124

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109849

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ASSOCIATION OF AMERICAN RAILROADS

Mailing Address 425 THIRD STREET SW
SUITE 1000

City State Zip Code
WASHINGTON DC 20024

FEC ID number of contributing federal political committee. **C** C00280743

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109834

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
ASSOCIATION OF EQUIPMENT MANUFACTURERS POLITICAL ACTION COMMITTEE

Mailing Address 1000 VERMONT AVENUE, NW
SUITE 450

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00442996

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA11C.109617

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ATLAS AIR WORLDWIDE HOLDINGS INC. PAC

Mailing Address 2000 WESTCHESTER AVE

City State Zip Code
PURCHASE NY 10677

FEC ID number of contributing federal political committee. **C** C00478099

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11C.109586

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC PAC

Mailing Address 901 K ST. NW

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00431072

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109702

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BLANK ROME LLP FED PAC

Mailing Address 600 NEW HAMPSHIRE AVE NW

City State Zip Code
WASHINGTON DC 20037

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109832

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) BNSF RAILPAC		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 05 / 2015
Mailing Address 500 NEW JERSEY AVE NW SUITE 550		Transaction ID : SA11C.109520
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00235739		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) BORDER HEALTH FEDERAL PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2015
Mailing Address 612 W. NOLANA SUITE 340		Transaction ID : SA11C.109589
City MCALLEN	State TX	
FEC ID number of contributing federal political committee. C C00415752		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) BORDER HEALTH FEDERAL PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2015
Mailing Address 612 W. NOLANA SUITE 340		Transaction ID : SA11C.109590
City MCALLEN	State TX	
FEC ID number of contributing federal political committee. C C00415752		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BROTHERHOOD OF RAILROAD SIGNALMEN PAC

Mailing Address 917 SHENANDOAH SHORES RD

City State Zip Code
FRONT ROYAL VA 22630

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2015

Transaction ID : SA11C.109509

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
BURSON-MARSTELLER YOUNG & RUBICAM PAC

Mailing Address 1110 VERMONT AVE. NW
SUITE 1000

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00201863**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109703

Amount of Each Receipt this Period
 500.00

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

Mailing Address 111 K STREET NE - NINTH FLOOR

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C C00004879**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109829

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CEMEX INC EMPLOYEES PAC

Mailing Address 929 GESSNER RD.
STE. 1900

City HOUSTON State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C** C00111880

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109728

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
CH2M HILL COMPANIES LTD PAC

Mailing Address 9191 S JAMAICA STREET

City ENGLEWOOD State CO Zip Code 80112

FEC ID number of contributing federal political committee. **C** C00143305

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109833

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
CLEAR CHANNEL COMMUNICATIONS INC. PAC

Mailing Address 200 E. BASSE ROAD

City SAN ANTONIO State TX Zip Code 78209

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109844

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COMMUNICATIONS WORKERS OF AMERICA PAC

Mailing Address 501 3RD STREET NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2015

Transaction ID : SA11C.109442

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
CON-WAY INC PAC

Mailing Address 2211 OLD EARHART ROAD SUITE 100

City ANN ARBOR State MI Zip Code 48105

FEC ID number of contributing federal political committee. **C** C00110759

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109828

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
CONTINENTAL AIRLINES INC PAC

Mailing Address 600 JEFFERSON STE. HQJCA 19TH FLOO

City HOUSTON State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00101766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11C.109555

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CONTINENTAL AUTOMOTIVE INC PAC (CONTI PAC)

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00551846**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11C.109580

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
COZEN O'CONNOR PAC

Mailing Address 1900 MARKET STREET

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C C00312777**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109830

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
COZEN O'CONNOR PAC

Mailing Address 1900 MARKET STREET

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C C00312777**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109831

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....

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

10500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CROWLEY MARITIME CORPORATION FEDERAL PAC

Mailing Address 9487 REGENCY SQUARE BLVD.

City JACKSONVILLE State FL Zip Code 32225

FEC ID number of contributing federal political committee. **C** C00147231

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109708

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
CRUISE LINES INTERNATIONAL ASSOC PAC

Mailing Address 2111 WILSON BLVD
8TH FLOOR

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00432393

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11C.109557

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
CSX CORP GOOD GOVT FUND

Mailing Address 1331 PENNSYLVANIA AVE NW
SUITE 560 NATIONAL PLACE

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2015

Transaction ID : SA11C.109517

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE

Mailing Address 1125 17TH ST NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109822

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE

Mailing Address 1125 17TH ST NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109823

Amount of Each Receipt this Period
4500.00

C. Full Name (Last, First, Middle Initial)
ENTERPRISE PRODUCTS PARTNERS L.P. POLITICAL ACTION COMMITTEE

Mailing Address 1100 LOUISIANA STREET

City HOUSTON State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00496752

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109727

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

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

12000.00

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

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

FOR LINE NUMBER: PAGE 74 OF 161
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EXELON CORPORATION PAC

Mailing Address 101 CONSTITUTION AVENUE, NW
SUITE 400 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109848

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
EXPEDIA INC POLITICAL ACTION COMMITTEE

Mailing Address 333 108TH AVENUE NE

City BELLEVUE State WA Zip Code 98004

FEC ID number of contributing federal political committee. **C** C00462879

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109827

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION PAC

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109835

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial)
GDF SUEZ ENERGY NORTH AMERICA, INC. POLITICAL ACTION COMMITTEE (GSENA PAC)

Mailing Address 1990 POST OAK BOULEVARD
SUITE 1900
City HOUSTON State TX Zip Code 77056

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SA11C.109714

FEC ID number of contributing federal political committee. **C** C00375568

Amount of Each Receipt this Period
1000.00

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date
1000.00

Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY PAC

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 1100
City WASHINGTON State DC Zip Code 20004

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : SA11C.109616

FEC ID number of contributing federal political committee. **C** C00024869

Amount of Each Receipt this Period
2500.00

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date
2500.00

Full Name (Last, First, Middle Initial)
GENERAL MILLS INC. POLITICAL ACTION COMMITTEE

Mailing Address ONE GENERAL MILLS BOULEVARD
City MINNEAPOLIS State MN Zip Code 55426

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.109818

FEC ID number of contributing federal political committee. **C** C00062646

Amount of Each Receipt this Period
1000.00

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date
1000.00

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GENESEE & WYOMING INC PAC

Mailing Address 3601 CONCORD ROAD - SUITE 2

City YORK State PA Zip Code 17402

FEC ID number of contributing federal political committee. **C** C00289058

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11C.109334

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
GRAND TRUNK RAIL-ILLINOIS CENTRAL RAIL PAC

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SUITE 500, NORTH BUILDING

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00095117

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11C.109549

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE

Mailing Address 3375 KOAPAKA STREET SUITE G350

City HONOLULU State HI Zip Code 96819

FEC ID number of contributing federal political committee. **C** C00456939

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11C.109592

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HDR, INC PAC

Mailing Address 8404 INDIAN HILLS DR

City OMAHA State NE Zip Code 68114

FEC ID number of contributing federal political committee. **C** C00103903

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11C.109335

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
HDR, INC PAC

Mailing Address 8404 INDIAN HILLS DR

City OMAHA State NE Zip Code 68114

FEC ID number of contributing federal political committee. **C** C00103903

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11C.109583

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
HNTB HOLDINGS LTD PAC

Mailing Address 715 KIRK DR

City KANSAS CITY State MO Zip Code 64105

FEC ID number of contributing federal political committee. **C** C00386029

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11C.109582

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

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

7500.00

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

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

FOR LINE NUMBER: PAGE 78 OF 161
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial)
HORIZON LINES LLC ASSOCIATES GOOD GOV'T FUND (HORIZON LINES ASSOCIATES GOOD GOV'T FUND)

A. Mailing Address 2001 K STREET, NW, SUITE 400
ATTN: W. FARAH
City WASHINGTON State DC Zip Code 20006

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : SA11C.109706

FEC ID number of contributing federal political committee. **C** C00385179

Amount of Each Receipt this Period

2	5	0	0	.	0	0
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Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOC OF FIREFIGHTERS PAC

B. Mailing Address 1750 NEW YORK AVE NW
City WASHINGTON State DC Zip Code 20006

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	5

Transaction ID : SA11C.109558

FEC ID number of contributing federal political committee. **C** C00029447

Amount of Each Receipt this Period

2	5	0	0	.	0	0
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Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND

C. Mailing Address 753 STATE AVE. SUITE 565
City KANSAS CITY State KS Zip Code 66101

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	1	5

Transaction ID : SA11C.109501

FEC ID number of contributing federal political committee. **C** C00005157

Amount of Each Receipt this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL DAIRY FOODS ASSOCIATION (IDFA) - ICE CREAM, MILK & CHEESE PAC

Mailing Address 1250 H STREET, NW
SUITE 900

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00128231

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109716

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)

Mailing Address 1101 PENNSYLVANIA AVENUE NW
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109721

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
JETBLUE AIRWAYS CORPORATION CREWMEMBER GOOD GOVERNMENT FUND (JETBLUE PAC)

Mailing Address 118-29 QUEENS BOULEVARD

City FOREST HILLS State NY Zip Code 11375

FEC ID number of contributing federal political committee. **C** C00484584

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11C.109588

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
K&L GATES LLP PAC

Mailing Address 1601 K STREET NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00213173**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109718

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 655 15TH ST NW
SUITE 445

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109837

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Mailing Address 905 16TH ST., N.W.
SECOND FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00007922**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109847

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....

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

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LAMARPAC

Mailing Address **PO BOX 66338**

City **BATON ROUGE** State **LA** Zip Code **70896**

FEC ID number of contributing federal political committee. **C C00174599**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.109840

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
LATOURETTE FOR CONGRESS

Mailing Address **320 KENARDEN DR**

City **CLEVELAND** State **OH** Zip Code **44143**

FEC ID number of contributing federal political committee. **C C00284174**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.109842

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MAERSK INC GOOD GOVT FUND PAC

Mailing Address **1530 WILSON BLVD STE. 650**

City **ARLINGTON** State **VA** Zip Code **22209**

FEC ID number of contributing federal political committee. **C C00217471**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SA11C.109709

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

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

FOR LINE NUMBER: PAGE 82 OF 161
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARINE ENGINEERS' BENEFICIAL ASSOCIATION (MEBA PAF)

Mailing Address 444 NORTH CAPITOL ST NW
STE 800

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00279380**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.109821

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MARKWEST ENERGY PARTNERS LP PAC

Mailing Address 1515 ARAPAHOE STREET
TOWER 2 SUITE 700

City State Zip Code
DENVER CO 80202

FEC ID number of contributing federal political committee. **C C00489468**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 10 / 2015

Transaction ID : SA11C.109550

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MASTERS, MATES AND PILOTS POLITICAL CONTRIBUTION FUND

Mailing Address 700 MARITIME BLVD

City State Zip Code
LINTHICUM HEIGHTS MD 21090

FEC ID number of contributing federal political committee. **C C00073056**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.109843

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MATSON, INC. FEDERAL ELECTION COMMITTEE

Mailing Address 333 MARKET ST.

City State Zip Code
SAN FRANCISCO CA 94105

FEC ID number of contributing federal political committee. **C C00024752**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109819

Amount of Each Receipt this Period
1000.00

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

Mailing Address 501 SOUTH FIFTH STREET

City State Zip Code
RICHMOND VA 23219

FEC ID number of contributing federal political committee. **C C00065987**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11C.109584

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASPHALT PAVEMENT ASSOCIATION PAC (NAPA-PAC)

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 600 WEST

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00444539**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11C.109559

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NESTLE WATERS NORTH AMERICA INC. PAC

Mailing Address **777 W PUTNAM AVE.**

City **GREENWICH** State **CT** Zip Code **06836**

FEC ID number of contributing federal political committee. **C C00302943**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SA11C.109726

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NETJETS ASSOCIATION OF SHARED AIRCRAFT PILOTS PAC; NJASAP PAC

Mailing Address **630 MORRISON ROAD
SUITE 110**

City **GAHANNA** State **OH** Zip Code **43230**

FEC ID number of contributing federal political committee. **C C00488262**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.109825

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
NISOURCE INC. PAC

Mailing Address **200 CIVIC CENTER DR**

City **COLUMBUS** State **OH** Zip Code **43215**

FEC ID number of contributing federal political committee. **C C00051979**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.109851

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NORFOLK SOUTHERN CORP GOOD GOVT FUND

Mailing Address **THREE COMMERCIAL PL**

City **NORFOLK** State **VA** Zip Code **23510**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 05 / 2015

Transaction ID : SA11C.109521

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
NSSGA ROCKPAC

Mailing Address **1605 KING ST**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 18 / 2015

Transaction ID : SA11C.109444

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)
OLD CASTLE MATERIALS INC. PAC

Mailing Address **101 CONSTITUTION AVE NW
SUITE 600W**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00346353**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SA11C.109722

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

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

12000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ONEOK EMPLOYEES PAC

Mailing Address PO BOX 871

City State Zip Code
TULSA OK 74102

FEC ID number of contributing federal political committee. **C C00215384**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109824

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ORBITZ WORLDWIDE, LLC POLITICAL ACTION COMMITTEE

Mailing Address 500 W MADISON STREET SUITE 1000

City State Zip Code
CHICAGO IL 60661

FEC ID number of contributing federal political committee. **C C00476986**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109826

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
OUTDOOR ADVERTISING ASSOC OF AMERICA PAC

Mailing Address 1850 M ST NW
SUITE 1040

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00045781**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109845

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
OUTFRONT MEDIA INC PAC

Mailing Address 2350 KERNER BLVD STE. 250

City State Zip Code
SAN RAFAEL CA 94901

FEC ID number of contributing federal political committee. **C C00571414**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109850

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 10889 WILSHIRE BLVD

City State Zip Code
LOS ANGELES CA 90024

FEC ID number of contributing federal political committee. **C C00083857**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109817

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
PARSONS BRINCKERHOFF INC PAC

Mailing Address 1401 K STREET NW
SUITE 701

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00287003**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11C.109552

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

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

FOR LINE NUMBER: PAGE 88 OF 161
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
POLITICAL EDUCATIONAL FUND OF THE BCTD

Mailing Address 815 16TH STREET NW
SUITE 600

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00003160**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2015

Transaction ID : SA11C.109440

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
PORTLAND CEMENT ASSOCIATION, INC. PAC

Mailing Address 500 NEW JERSEY AVE NW
SEVENTH FLOOR

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00237065**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.109846

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PROFESSIONAL AVIATION SAFETY SPECIALISTS PAC

Mailing Address 1150 17TH STREET NW
SUITE 702

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00286807**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2015

Transaction ID : SA11C.109441

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROCKTENN POLITICAL ACTION COMMITTEE

Mailing Address 504 THRASHER STREET

City NORCROSS State GA Zip Code 30071

FEC ID number of contributing federal political committee. **C** C00117424

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109704

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
S&B PAC

Mailing Address 7825 PARK PLACE BLVD

City HOUSTON State TX Zip Code 77087

FEC ID number of contributing federal political committee. **C** C00236083

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11C.109591

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
SHEET METAL WORKERS' INTERNATIONAL ASSOC. POLITICAL ACTION LEAGUE

Mailing Address 1750 NEW YORK AVE. NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA11C.109432

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHIPBUILDERS COUNCIL OF AMERICA PAC

Mailing Address 1455 F ST. NW
SUITE 225

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00374355**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109710

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
SIEMENS CORPORATION PAC

Mailing Address 601 PENNSYLVANIA AVENUE NW
NORTH BUILDING - SUITE 1100

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00353797**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA11C.109431

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES CO. FREEDOM FUND

Mailing Address P O BOX 36611, HDQ 4GA

City DALLAS State TX Zip Code 75235

FEC ID number of contributing federal political committee. **C C00341602**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11C.109556

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES PILOTS' ASSOCIATION POLITICAL ACTION COMMITTEE (SWAPA PAC)

Mailing Address 1450 EMPIRE CENTRAL DR SUITE 737

City DALLAS State TX Zip Code 75247

FEC ID number of contributing federal political committee. **C** C00360669

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2015

Transaction ID : SA11C.109506

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
STV GROUP INC PAC

Mailing Address 205 WEST WELSH DRIVE

City DOUGLASSVILLE State PA Zip Code 19518

FEC ID number of contributing federal political committee. **C** C00214866

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11C.109336

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
TRANSPORT WORKERS UNION PAC

Mailing Address 501 3RD STREET NW 9TH FL

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2015

Transaction ID : SA11C.109446

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TRANSPORTATION TRADES DEPARTMENT AFL-CIO PAC

Mailing Address 815 16TH ST NW
4TH FLOOR

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00280909**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 18 / 2015

Transaction ID : SA11C.109443

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
TRINITY INDUSTRIES PAC

Mailing Address 2525 STEMMONS FWY.

City State Zip Code
DALLAS TX 75207

FEC ID number of contributing federal political committee. **C C00268904**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.109836

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORP FFEG PAC

Mailing Address 700 THIRTEENTH STREET, NW
SUITE 350

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 26 / 2015

Transaction ID : SA11C.109505

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....

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

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNITED MOTORCOACH ASSOCIATION PAC

Mailing Address 113 WEST ST FOURTH FLOOR S

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00437517**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109717

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
UNITED TRANSPORTATION UNION PAC

Mailing Address 24950 COUNTRY CLUB BLVD-STE 340

City State Zip Code
NORTH OLMSTED OH 44070

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11C.109585

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
ZACHRY CORPORATION PAC

Mailing Address P. O. BOX 33240

City State Zip Code
SAN ANTONIO TX 78265

FEC ID number of contributing federal political committee. **C C00048165**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.109725

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

4000.00

270000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 161
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BILL SHUSTER VICTORY COMMITTEE JFC

Mailing Address 228 S. WASHINGTON ST. STE. 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00499301

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7083.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA12.109788

Amount of Each Receipt this Period
 7083.33

TRANSFER OF NET JFC FUNDS

B. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF DERMATOLOGY ASSOC. PAC

Mailing Address 1445 NEW YORK AVE. NW STE. 800

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2011

Transaction ID : SA12.109789

Amount of Each Receipt this Period
 2000.00

[MEMO ITEM]
TRANSFER IN AFFILIATED

C. Full Name (Last, First, Middle Initial)
OLD DOMINION FREIGHT LINE INC POLITICAL ACTION COMMITTEE (OLD DOMINION PAC)

Mailing Address 500 OLD DOMINION WAY

City State Zip Code
THOMASVILLE NC 27360

FEC ID number of contributing federal political committee. **C** C00496836

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012

Transaction ID : SA12.109790

Amount of Each Receipt this Period
 2500.00

[MEMO ITEM]
TRANSFER IN AFFILIATED

SUBTOTAL of Receipts This Page (optional).....

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

7083.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 161
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN MOVING STORAGE ASSOC. PAC

Mailing Address 1611 DUKE ST

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00255257

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2012

Transaction ID : SA12.109791

Amount of Each Receipt this Period
2500.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

B. Full Name (Last, First, Middle Initial)
CON-WAY INC PAC

Mailing Address 2211 OLD EARHART ROAD
SUITE 100

City State Zip Code
ANN ARBOR MI 48105

FEC ID number of contributing federal political committee. **C** C00110759

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA12.109792

Amount of Each Receipt this Period
2500.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

C. Full Name (Last, First, Middle Initial)
WILLIAM P. GRAVES

Mailing Address 900 WHANN AVE.

City State Zip Code
MCLEAN VA 22101

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

Name of Employer Occupation
AMERICAN TRUCKING ASSOCIATION PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012

Transaction ID : SA12.109793

Amount of Each Receipt this Period
1000.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

SUBTOTAL of Receipts This Page (optional).....

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 161
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DAVID LAGESHULTE

Mailing Address 2664 SHRIVER DR.

City State Zip Code
FORT MYERS FL 33901

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012

Transaction ID : SA12.109794

Amount of Each Receipt this Period
2500.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

B. Full Name (Last, First, Middle Initial)
MR. DAVID LAGESHULTE

Mailing Address 2664 SHRIVER DR.

City State Zip Code
FORT MYERS FL 33901

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012

Transaction ID : SA12.109795

Amount of Each Receipt this Period
500.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

C. Full Name (Last, First, Middle Initial)
NATIONAL TANK TRUCK CARRIERS PAC

Mailing Address 950 GLEBE RD N
SUITE 520

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C C00188011**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : SA12.109796

Amount of Each Receipt this Period
2500.00

**[MEMO ITEM]
TRANSFER IN AFFILIATED**

SUBTOTAL of Receipts This Page (optional).....

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

0.00

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

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

FOR LINE NUMBER: PAGE 97 OF 161
(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)
DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE

Mailing Address 801 MAIN AVENUE

City State Zip Code
NORWALK CT 06851

FEC ID number of contributing federal political committee. **C** C00034470

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 30 / 2013

Transaction ID : SA12.109797

Amount of Each Receipt this Period
 1000.00

[MEMO ITEM]
TRANSFER IN AFFILIATED

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

0.00

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

7083.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EVERETT CASH MUTUAL INSURANCE

Mailing Address PO BOX 88

City State Zip Code
EVERETT PA 15537

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : SA14.109572

Amount of Each Receipt this Period
 465.00

REFUND

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

465.00

465.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 161			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 814 CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 5827 COLFAX AVE.		Amount of Each Disbursement this Period 7898.30
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 001	
Candidate Name		Transaction ID : SB17.109249
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. 814 CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 5827 COLFAX AVE.		Amount of Each Disbursement this Period 6928.36
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 001	
Candidate Name		Transaction ID : SB17.109400
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. 814 CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 5827 COLFAX AVE.		Amount of Each Disbursement this Period 6655.08
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 001	
Candidate Name		Transaction ID : SB17.109516
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	21481.74
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)	PAGE 100 OF 161			
	<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. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 110.00
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL SERVICE FEES	Transaction ID : SB17.109226
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 7.00
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL SERVICE FEES	Transaction ID : SB17.109316
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 94.70
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL SERVICE FEES	Transaction ID : SB17.109364
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	211.70
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)	PAGE 101 OF 161			
	<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. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 1295.63 Transaction ID : SB17.109363
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL TAXES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 110.00 Transaction ID : SB17.109365
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL SERVICE FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 7.00 Transaction ID : SB17.109448
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL SERVICE FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1412.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 161	
	<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. ADP		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 1295.64 Transaction ID : SB17.109451
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL TAXES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 110.00 Transaction ID : SB17.109528
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL SERVICE FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 7.00 Transaction ID : SB17.109575
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL SERVICE FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1412.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 161	
	<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. ADP		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 1203.38 Transaction ID : SB17.109778
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL TAXES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.109238
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 101.75 Transaction ID : SB17.109239
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1313.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 161	
	<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. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 7581.76	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.109272	
Purpose of Disbursement SEE MEMO		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. FEDEX			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015	
Mailing Address PO BOX 371461			Amount of Each Disbursement this Period 496.39	
City PITTSBURGH	State PA	Zip Code 15250	Transaction ID : SB17.109273	
Purpose of Disbursement SHIPPING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. DISTRICT PROVISIONS			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015	
Mailing Address 1309 5TH ST NE			Amount of Each Disbursement this Period 510.16	
City WASHINGTON	State DC	Zip Code 20002	Transaction ID : SB17.109275	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	7581.76
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)	PAGE 105 OF 161			
	<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. UBER TECHNOLOGIES		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 800 MARKET STREET 7TH FLOOR		Amount of Each Disbursement this Period 72.00
City SAN FRANCISCO State CA Zip Code 94115	Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.109276 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RISTORANTE TOSCA		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 1112 F STREET NW		Amount of Each Disbursement this Period 440.00
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement EVENT CATERING 001 Category/Type	
Candidate Name		Transaction ID : SB17.109279 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 300 FIRST STREET SE		Amount of Each Disbursement this Period 50.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.109281 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 106 OF 161	
	<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. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address PO BOX 619612 MD 2400		Amount of Each Disbursement this Period 288.10
City DALLAS State TX Zip Code 75261	Purpose of Disbursement AIRFARE 001 Category/Type	Transaction ID : SB17.109282 [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 2211 NORTH FIRST ST.		Amount of Each Disbursement this Period 578.61
City SAN JOSE State CA Zip Code 95131	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	Transaction ID : SB17.109289 [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HP OFFICE GIFTS		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 929 WEST PIKE ST.		Amount of Each Disbursement this Period 390.00
City CLARKSBURG State WV Zip Code 26301	Purpose of Disbursement GIFTS 001 Category/Type	Transaction ID : SB17.109290 [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 107 OF 161	
	<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. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 26.49
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type 001	Transaction ID : SB17.109293 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 1200 E ALGONQUIN ROAD		Amount of Each Disbursement this Period 807.11
City ELK GROVE VILLAGE State IL Zip Code 60007	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type 001	Transaction ID : SB17.109295 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 400 N CAPITOL STREET NW		Amount of Each Disbursement this Period 714.00
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type 001	Transaction ID : SB17.109296 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)	PAGE 108 OF 161			
	<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. VERIZON			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015	
Mailing Address PO BOX 15026			Amount of Each Disbursement this Period 50.00	
City ALBANY	State NY	Zip Code 12212	Transaction ID : SB17.109297	
Purpose of Disbursement TELEPHONE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. APPLE STORE			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015	
Mailing Address 1100 S HAYES STREET LOT P04-A			Amount of Each Disbursement this Period 958.45	
City ARLINGTON	State VA	Zip Code 22202	Transaction ID : SB17.109299	
Purpose of Disbursement OFFICE EQUIPMENT		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. THE BENJAMIN HOTEL			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015	
Mailing Address 125 EAST 50TH STREET			Amount of Each Disbursement this Period 1190.77	
City NEW YORK	State NY	Zip Code 10022	Transaction ID : SB17.109303	
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 109 OF 161	
	<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. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 15.62
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement CREDIT CARD FEES	Transaction ID : SB17.109304
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 2790.82
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement SEE MEMO	Transaction ID : SB17.109318
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. OCEANA		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 8 HONDURAS		Amount of Each Disbursement this Period 1172.40
City ST. THOMAS	State VI	
Zip Code 00803	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.109326
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2790.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 161	
	<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. SEI RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 444 7TH STREET NW		Amount of Each Disbursement this Period 682.10
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement EVENT CATERING 001 Category/Type	
Candidate Name		Transaction ID : SB17.109327 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. LOEWS MIAMI BEACH		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 1601 COLLINS AVE.		Amount of Each Disbursement this Period 453.15
City MIAMI BEACH State FL Zip Code 33139	Purpose of Disbursement LODGING 001 Category/Type	
Candidate Name		Transaction ID : SB17.109330 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 7187.55
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement SEE MEMO 001 Category/Type	
Candidate Name		Transaction ID : SB17.109367
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7187.55
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)		PAGE 111 OF 161	
	<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. THE MAYFLOWER RENAISSANCE HOTEL		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 1127 CONNECTICUT AVE. NW		Amount of Each Disbursement this Period -4589.42
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement REFUND 001 Category/Type	
Candidate Name		Transaction ID : SB17.109368 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. AGC OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 2300 WILSON BLVD. STE. 300		Amount of Each Disbursement this Period 600.00
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement EVENT TICKETS 001 Category/Type	
Candidate Name		Transaction ID : SB17.109370 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 5620 UNIVERSITY PKWY		Amount of Each Disbursement this Period 414.20
City WINSTON SALEM State NC Zip Code 27105	Purpose of Disbursement AIRFARE 001 Category/Type	
Candidate Name		Transaction ID : SB17.109371 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 112 OF 161	
	<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. AMERICAN AIRLINES			Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address PO BOX 619612 MD 2400			Amount of Each Disbursement this Period 936.19
City DALLAS	State TX	Zip Code 75261	Transaction ID : SB17.109372 [MEMO ITEM]
Purpose of Disbursement AIRFARE		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. LOEWS MIAMI BEACH			Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 1601 COLLINS AVE.			Amount of Each Disbursement this Period 602.95
City MIAMI BEACH	State FL	Zip Code 33139	Transaction ID : SB17.109373 [MEMO ITEM]
Purpose of Disbursement LODGING		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. JOHN STUCKEY FORD			Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 500 BROAD STREET			Amount of Each Disbursement this Period 210.92
City HOLLIDAYSBURG	State PA	Zip Code 16648	Transaction ID : SB17.109374 [MEMO ITEM]
Purpose of Disbursement CAMPAIGN CAR LEASE		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)	PAGE 113 OF 161			
	<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. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015	
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 365.28	
City NEWARK	State NJ	Zip Code 07101	
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001		
Candidate Name		Transaction ID : SB17.109375 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. THE CONGRESSIONAL INSTITUTE		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015	
Mailing Address 316 PENNSYLVANIA AVENUE SE SUITE 403		Amount of Each Disbursement this Period 738.00	
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement CONFERENCE FEES	Category/ Type 001		
Candidate Name		Transaction ID : SB17.109378 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015	
Mailing Address 800 MARKET STREET 7TH FLOOR		Amount of Each Disbursement this Period 74.82	
City SAN FRANCISCO	State CA	Zip Code 94115	
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001		
Candidate Name		Transaction ID : SB17.109379 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 114 OF 161	
	<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. CAPITOL HILL CLUB		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 300 FIRST STREET SE		Amount of Each Disbursement this Period 0.00 Transaction ID : SB17.109380 [MEMO ITEM]
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WASHINGTON COURT HOTEL		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 525 NEW JERSEY AVE. NW		Amount of Each Disbursement this Period 1003.53 Transaction ID : SB17.109384 [MEMO ITEM]
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement LODGING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WELL DUNN CATERING		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 513 MORSE STREET NE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.109387 [MEMO ITEM]
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement EVENT CATERING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 115 OF 161	
	<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. RISTORANTE TOSCA		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 1112 F STREET NW		Amount of Each Disbursement this Period 395.60
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement EVENT CATERING	
Candidate Name	Category/Type 001	Transaction ID : SB17.109388 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. QUATTRO GASTRONOMIA ITALIANA		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 1014 LINCOLN ROAD		Amount of Each Disbursement this Period 536.35
City MIAMI BEACH State FL Zip Code 33139	Purpose of Disbursement EVENT CATERING	
Candidate Name	Category/Type 001	Transaction ID : SB17.109390 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. FABIO CUCINA ITALIANA		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 214 EAST 52ND STREET		Amount of Each Disbursement this Period 200.87
City NEW YORK State NY Zip Code 10022	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type 001	Transaction ID : SB17.109393 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 116 OF 161	
	<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. CORK AND FORK		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 200 STATE STREET		Amount of Each Disbursement this Period 202.98
City HARRISBURG	State PA	
Purpose of Disbursement MEETING EXPENSE	Zip Code 17101	Transaction ID : SB17.109394
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. HILTON HOTEL		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 1870 GRIFFIN ROAD		Amount of Each Disbursement this Period 661.03
City DANIA	State FL	
Purpose of Disbursement LODGING	Zip Code 33004	Transaction ID : SB17.109396
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SCHNEIDERS OF CAPITOL HILL		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 300 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 2016.62
City WASHINGTON	State DC	
Purpose of Disbursement EVENT BEVERAGES	Zip Code 20002	Transaction ID : SB17.109397
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 117 OF 161	
	<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. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 50.00
City ALBANY State NY Zip Code 12212	Purpose of Disbursement TELEPHONE	
Candidate Name	Category/Type 001	Transaction ID : SB17.109399 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 7.95
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement CC TRANSACTION FEES	
Candidate Name	Category/Type 001	Transaction ID : SB17.109410
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 52.62
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement CC TRANSACTION FEES	
Candidate Name	Category/Type 001	Transaction ID : SB17.109411
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	60.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 161	
	<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. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 2189.17 Transaction ID : SB17.109452
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement SEE MEMO	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RISTORANTE TOSCA		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address 1112 F STREET NW		Amount of Each Disbursement this Period 220.00 Transaction ID : SB17.109455 [MEMO ITEM]
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement MEETING EXPENSE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BISTRO 71		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address 71 NORTH MAIN STREET		Amount of Each Disbursement this Period 230.00 Transaction ID : SB17.109456 [MEMO ITEM]
City CHAMBERSBURG	State PA	
Zip Code 17201	Purpose of Disbursement MEETING EXPENSE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2189.17
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)	PAGE 119 OF 161			
	<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. 10/09 KITCHEN		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 132 E PITT ST		Amount of Each Disbursement this Period 240.00
City BEDFORD	State PA Zip Code 15522	
Purpose of Disbursement MEETING EXPENSE	Category/Type 001	Transaction ID : SB17.109457 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SCHNEIDERS OF CAPITOL HILL		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 300 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 456.46
City WASHINGTON	State DC Zip Code 20002	
Purpose of Disbursement EVENT CATERING	Category/Type 001	Transaction ID : SB17.109460 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 3132 PLEASANT VALLEY BLVD		Amount of Each Disbursement this Period 17.98
City ALTOONA	State PA Zip Code 16602	
Purpose of Disbursement MEETING EXPENSE	Category/Type 001	Transaction ID : SB17.109461 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 120 OF 161	
	<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. EXXON		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 542 SOUTH CENTER STREET		Amount of Each Disbursement this Period 50.95
City EBENSBURG	State PA Zip Code 15931	
Purpose of Disbursement TRAVEL EXPENSE	Category/Type 001	Transaction ID : SB17.109463 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FRESH CONNECTIONS		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 1114 HERNDON PKWY		Amount of Each Disbursement this Period 409.00
City HERNDON	State VA Zip Code 20170	
Purpose of Disbursement EVENT CATERING	Category/Type 001	Transaction ID : SB17.109467 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 5432.04
City NEWARK	State NJ Zip Code 07101	
Purpose of Disbursement SEE MEMO	Category/Type 001	Transaction ID : SB17.109468
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5432.04
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)	PAGE 121 OF 161			
	<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. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 134.21	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.109469	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. JETBLUE			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015	
Mailing Address 118-29 QUEENS BLVD.			Amount of Each Disbursement this Period 1023.58	
City FOREST HILLS	State NY	Zip Code 11375	Transaction ID : SB17.109470	
Purpose of Disbursement AIRFARE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015	
Mailing Address PO BOX 619612 MD 2400			Amount of Each Disbursement this Period 698.20	
City DALLAS	State TX	Zip Code 75261	Transaction ID : SB17.109471	
Purpose of Disbursement AIRFARE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 122 OF 161	
	<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

A. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
EVENT CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 23 / 2015

Amount of Each Disbursement this Period: 350.00

Transaction ID : SB17.109472

[MEMO ITEM]

B. COSTCO WHOLESALE

Full Name (Last, First, Middle Initial)
Mailing Address 1200 SOUTH FERN STREET

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 23 / 2015

Amount of Each Disbursement this Period: 295.72

Transaction ID : SB17.109475

[MEMO ITEM]

C. VERIZON

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 15026

City ALBANY State NY Zip Code 12212

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 23 / 2015

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.109476

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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)		PAGE 123 OF 161	
	<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. BOBBY VAN'S STEAKHOUSE		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 809 15TH STREET NW		Amount of Each Disbursement this Period 310.60
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.109478 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 3132 PLEASANT VALLEY BLVD		Amount of Each Disbursement this Period 337.85
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.109479 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. SCHNEIDERS OF CAPITOL HILL		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 300 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 554.01
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.109481 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)	PAGE 124 OF 161			
	<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. APPLE STORE		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 1100 S HAYES STREET LOT P04-A		Amount of Each Disbursement this Period 1006.15
City ARLINGTON State VA Zip Code 22202	Purpose of Disbursement OFFICE EQUIPMENT 001 Category/Type	
Candidate Name		Transaction ID : SB17.109482 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JOHN STUCKEY FORD		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 500 BROAD STREET		Amount of Each Disbursement this Period 451.06
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement CAR LEASE 001 Category/Type	
Candidate Name		Transaction ID : SB17.109483 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 7075.78
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement SEE MEMO 001 Category/Type	
Candidate Name		Transaction ID : SB17.109624
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7075.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 161	
	<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. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 300 FIRST STREET SE		Amount of Each Disbursement this Period 58.64
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.109627
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address PO BOX 371461		Amount of Each Disbursement this Period 8.32
City PITTSBURGH	State PA	
Zip Code 15250	Purpose of Disbursement SHIPPING	Transaction ID : SB17.109628
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 3132 PLEASANT VALLEY BLVD		Amount of Each Disbursement this Period 79.49
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.109629
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 126 OF 161	
	<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. AMAZON.COM		Date of Disbursement MM / DD / YYYY 03 / 24 / 2015
Mailing Address 2646 RAINIER AVENUE S		Amount of Each Disbursement this Period 582.19
City SEATTLE	State WA Zip Code 98144	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	Transaction ID : SB17.109632 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. COSTCO WHOLESALE		Date of Disbursement MM / DD / YYYY 03 / 24 / 2015
Mailing Address 1200 SOUTH FERN STREET		Amount of Each Disbursement this Period 148.36
City ARLINGTON	State VA Zip Code 22202	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	Transaction ID : SB17.109634 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SCHNEIDERS OF CAPITOL HILL		Date of Disbursement MM / DD / YYYY 03 / 24 / 2015
Mailing Address 300 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 870.67
City WASHINGTON	State DC Zip Code 20002	
Purpose of Disbursement EVENT CATERING	Category/Type 001	Transaction ID : SB17.109635 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 127 OF 161	
	<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. CAPITOL HILL SUITES			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015	
Mailing Address 200 C STREET SE			Amount of Each Disbursement this Period 426.71	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.109636	
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015	
Mailing Address PO BOX 619612 MD 2400			Amount of Each Disbursement this Period 842.05	
City DALLAS	State TX	Zip Code 75261	Transaction ID : SB17.109638	
Purpose of Disbursement AIRFARE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. VERIZON			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015	
Mailing Address PO BOX 15026			Amount of Each Disbursement this Period 50.00	
City ALBANY	State NY	Zip Code 12212	Transaction ID : SB17.109641	
Purpose of Disbursement TELEPHONE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 128 OF 161	
	<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. LOEWS MIAMI BEACH			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015	
Mailing Address 1601 COLLINS AVE.			Amount of Each Disbursement this Period 172.86	
City MIAMI BEACH	State FL	Zip Code 33139	Transaction ID : SB17.109643	
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. CAPITOL HOST			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015	
Mailing Address RAYBURN HOUSE OFFICE BUILDING RM B			Amount of Each Disbursement this Period 1270.91	
City WASHINGTON	State DC	Zip Code 20515	Transaction ID : SB17.109645	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. MASSA'S RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015	
Mailing Address 1160 SMITH ST.			Amount of Each Disbursement this Period 654.71	
City HOUSTON	State TX	Zip Code 77002	Transaction ID : SB17.109646	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)	PAGE 129 OF 161			
	<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. ARTURO'S BAR & GRILL			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 2303 W. EXPY 83			Amount of Each Disbursement this Period 891.35
City WESLACO	State TX	Zip Code 78596	
Purpose of Disbursement EVENT CATERING	Candidate Name		Transaction ID : SB17.109647 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) B. COBBLEHEADS BAR & GRILL			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 3154 CENTRAL BLVD.			Amount of Each Disbursement this Period 528.83
City BROWNSVILLE	State TX	Zip Code 78520	
Purpose of Disbursement EVENT CATERING	Candidate Name		Transaction ID : SB17.109648 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 21092.29
City NEWARK	State NJ	Zip Code 07101	
Purpose of Disbursement SEE MEMO	Candidate Name		Transaction ID : SB17.109652
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		

SUBTOTAL of Disbursements This Page (optional).....	21092.29
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)		PAGE 130 OF 161	
	<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. SHEETZ INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 171.25
City ALTOONA	State PA Zip Code 16602	
Purpose of Disbursement TRAVEL EXPENSE	Category/Type 001	Transaction ID : SB17.109654 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DISTRICT PROVISIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 1309 5TH ST NE		Amount of Each Disbursement this Period 894.30
City WASHINGTON	State DC Zip Code 20002	
Purpose of Disbursement EVENT CATERING	Category/Type 001	Transaction ID : SB17.109655 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAFE MARTORANO		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 3343 EAST OAKLAND PARK BLVD.		Amount of Each Disbursement this Period 530.96
City FORT LAUDERDALE	State FL Zip Code 33308	
Purpose of Disbursement EVENT CATERING	Category/Type 001	Transaction ID : SB17.109659 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)	PAGE 131 OF 161			
	<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. SIENA TAVERN			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015	
Mailing Address 404 WASHINGTON AVE.			Amount of Each Disbursement this Period 360.00	
City MIAMI BEACH	State FL	Zip Code 33139	Transaction ID : SB17.109660	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015	
Mailing Address PO BOX 619612 MD 2400			Amount of Each Disbursement this Period 2696.27	
City DALLAS	State TX	Zip Code 75261	Transaction ID : SB17.109661	
Purpose of Disbursement AIRFARE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. THE DUTCH			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015	
Mailing Address 2201 COLLINS AVE.			Amount of Each Disbursement this Period 650.00	
City MIAMI BEACH	State FL	Zip Code 33139	Transaction ID : SB17.109662	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 132 OF 161	
	<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. CECCONIS		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 4385 COLLINS AVE.		Amount of Each Disbursement this Period 236.39
City MIAMI BEACH	State FL	
Purpose of Disbursement MEETING EXPENSE	Zip Code 33140	Transaction ID : SB17.109664 [MEMO ITEM]
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 800 MARKET STREET 7TH FLOOR		Amount of Each Disbursement this Period 48.00
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL EXPENSE	Zip Code 94115	Transaction ID : SB17.109665 [MEMO ITEM]
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE SHORE CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 1901 COLLINS AVE		Amount of Each Disbursement this Period 3518.20
City MIAMI BEACH	State FL	
Purpose of Disbursement LODGING	Zip Code 33139	Transaction ID : SB17.109666 [MEMO ITEM]
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 133 OF 161	
	<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. EXXON		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 542 SOUTH CENTER STREET		Amount of Each Disbursement this Period 001 30.70 Transaction ID : SB17.109668 [MEMO ITEM]
City EBENSBURG	State PA Zip Code 15931	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address PO BOX 68900		Amount of Each Disbursement this Period 001 835.10 Transaction ID : SB17.109669 [MEMO ITEM]
City SEATTLE	State WA Zip Code 98168	
Purpose of Disbursement AIRFARE	Candidate Name	Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PLAN B BURGER BAR		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 1530 14TH STREET NW		Amount of Each Disbursement this Period 001 160.00 Transaction ID : SB17.109670 [MEMO ITEM]
City WASHINGTON	State DC Zip Code 20005	
Purpose of Disbursement MEETING EXPENSE	Candidate Name	Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 134 OF 161	
	<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. BEVERLY HILLS HOTEL		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 9500 WILSHIRE BLVD.		Amount of Each Disbursement this Period 776.31
City BEVERLY HILLS	State CA	Zip Code 90212
Purpose of Disbursement LODGING	Category/Type 001	
Candidate Name		Transaction ID : SB17.109673
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) B. RISTORANTE TOSCA		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 1112 F STREET NW		Amount of Each Disbursement this Period 895.00
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement EVENT CATERING	Category/Type 001	
Candidate Name		Transaction ID : SB17.109675
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) C. JETBLUE		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 118-29 QUEENS BLVD.		Amount of Each Disbursement this Period 108.05
City FOREST HILLS	State NY	Zip Code 11375
Purpose of Disbursement AIRFARE	Category/Type 001	
Candidate Name		Transaction ID : SB17.109676
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 135 OF 161	
	<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. BOBBY VAN'S STEAKHOUSE			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015	
Mailing Address 809 15TH STREET NW			Amount of Each Disbursement this Period 1286.61	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SB17.109679	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. HAWK 'N' DOVE			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015	
Mailing Address 329 PENNSYLVANIA AVE SE			Amount of Each Disbursement this Period 290.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.109681	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. SHERATON DALLAS			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015	
Mailing Address 400 NORTH OLICE ST.			Amount of Each Disbursement this Period 412.64	
City DALLAS	State TX	Zip Code 75201	Transaction ID : SB17.109685	
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 136 OF 161	
	<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. DEL FRISCO GRILLE		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 50 ROCKEFELLER PLAZA		Amount of Each Disbursement this Period 2619.65
City NEW YORK State NY Zip Code 10020	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.109686 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. COPPA OSTERIA		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 5210 MORNINGSIDE DR.		Amount of Each Disbursement this Period 648.17
City HOUSTON State TX Zip Code 77005	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.109687 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. HOUSTON MARRIOTT MEDICAL CENTER		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 6580 FANNIN ST.		Amount of Each Disbursement this Period 746.46
City HOUSTON State TX Zip Code 77030	Purpose of Disbursement LODGING	
Candidate Name		Transaction ID : SB17.109688 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 137 OF 161	
	<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. OMNI CORPUS CHRISTI		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 900 N SHORELINE BLVD.		Amount of Each Disbursement this Period 1772.98
City CORPUS CHRISTI	State TX	
Zip Code 78401	Purpose of Disbursement EVENT FACILITY RENTAL	Transaction ID : SB17.109689
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. RENAISSANCE CASA DE MCALLEN		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 101 N MAIN ST.		Amount of Each Disbursement this Period 644.66
City MCALLEN	State TX	
Zip Code 78501	Purpose of Disbursement LODGING	Transaction ID : SB17.109690
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN TRUCKING ASSOCIATION		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 410 FIRST STREET SE - THIRD FLOOR ATTN: ANGIE ZOULFAGHARY		Amount of Each Disbursement this Period 715.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement EVENT FACILITY RENTAL	Transaction ID : SB17.109310
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	715.00
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)		PAGE 138 OF 161	
	<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. ARAMARK		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address 1050 CARIBBEAN WAY		Amount of Each Disbursement this Period 339.46 Transaction ID : SB17.109485
City MIAMI State FL Zip Code 33132	Purpose of Disbursement EVENT CATERING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ATLANTIC BROADBAND		Date of Disbursement MM / DD / YYYY 01 / 12 / 2015
Mailing Address BOX 371801		Amount of Each Disbursement this Period 333.71 Transaction ID : SB17.109259
City PITTSBURGH State PA Zip Code 15250	Purpose of Disbursement INTERNET SERVICE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ATLANTIC BROADBAND		Date of Disbursement MM / DD / YYYY 02 / 03 / 2015
Mailing Address BOX 371801		Amount of Each Disbursement this Period 338.85 Transaction ID : SB17.109402
City PITTSBURGH State PA Zip Code 15250	Purpose of Disbursement INTERNET SERVICE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1012.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 161			
	<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. ATLANTIC BROADBAND			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015	
Mailing Address BOX 371801			Amount of Each Disbursement this Period 333.85	
City PITTSBURGH	State PA	Zip Code 15250	Transaction ID : SB17.109530	
Purpose of Disbursement INTERNET SERVICE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. BEDFORD CO REPUBLICAN COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015	
Mailing Address 157 EAST FIRST AVENUE			Amount of Each Disbursement this Period 500.00	
City EVERETT	State PA	Zip Code 15537	Transaction ID : SB17.109701	
Purpose of Disbursement EVENT SPONSORSHIP		001 Category/ Type		
Candidate Name BEDFORD CO REPUBLICAN COMMITTEE				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. BERKE FARAH LLP			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015	
Mailing Address 2101 L STREET NW STE. 1000			Amount of Each Disbursement this Period 1500.00	
City WASHINGTON	State DC	Zip Code 20037	Transaction ID : SB17.109240	
Purpose of Disbursement LEGAL FEES		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2333.85
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)		PAGE 140 OF 161	
	<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. BERKE FARAH LLP		Date of Disbursement MM / DD / YYYY 02 / 03 / 2015
Mailing Address 2101 L STREET NW STE. 1000		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.109403
City WASHINGTON	State DC	
Zip Code 20037	Purpose of Disbursement LEGAL FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ERIC BURGESON		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 2403 N. UTAH ST.		Amount of Each Disbursement this Period 330.00 Transaction ID : SB17.109242
City ARLINGTON	State VA	
Zip Code 22207	Purpose of Disbursement SEE MEMO	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 400 N CAPITOL STREET NW		Amount of Each Disbursement this Period 330.00 Transaction ID : SB17.109243 [MEMO ITEM]
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1830.00
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)		PAGE 141 OF 161	
	<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. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 300 FIRST STREET SE		Amount of Each Disbursement this Period 1015.49 Transaction ID : SB17.109692
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement EVENT CATERING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.109256
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 59.75 Transaction ID : SB17.109309
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1110.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 OF 161	
	<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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 90.50
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	Transaction ID : SB17.109317
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 132.55
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	Transaction ID : SB17.109511
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 10.25
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	Transaction ID : SB17.109527
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	233.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 OF 161	
	<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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 75.50
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	Transaction ID : SB17.109579
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 55.25
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	Transaction ID : SB17.109622
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 123.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	Transaction ID : SB17.109780
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	253.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 161			
	<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. COPY RITE & BANNER ZONE			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015	
Mailing Address 301 ALLEGHENY STREET			Amount of Each Disbursement this Period 203.52	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Transaction ID : SB17.109404	
Purpose of Disbursement PRINTING		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. ELECTEKUSA			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015	
Mailing Address PO BOX 23715			Amount of Each Disbursement this Period 2339.19	
City CHAGRIN FALLS	State OH	Zip Code 44023	Transaction ID : SB17.109241	
Purpose of Disbursement SOFTWARE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. ELECTEKUSA			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015	
Mailing Address PO BOX 23715			Amount of Each Disbursement this Period 2446.58	
City CHAGRIN FALLS	State OH	Zip Code 44023	Transaction ID : SB17.109257	
Purpose of Disbursement SOFTWARE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4989.29
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)		PAGE 145 OF 161	
	<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. ELECTEKUSA		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 2342.32
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.109414
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ELECTEKUSA		Date of Disbursement MM / DD / YYYY 03 / 10 / 2015
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 2309.05
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.109531
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FIRST COMMONWEALTH BANK		Date of Disbursement MM / DD / YYYY 01 / 20 / 2015
Mailing Address CREDIT CARD DEPT PO BOX 0537		Amount of Each Disbursement this Period 107.15
City INDIANA	State PA	
Zip Code 15701	Purpose of Disbursement SEE MEMO	Transaction ID : SB17.109311
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4758.52
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)	PAGE 146 OF 161			
	<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. FIRST COMMONWEALTH BANK			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015	
Mailing Address CREDIT CARD DEPT PO BOX 0537			Amount of Each Disbursement this Period 47.58	
City INDIANA	State PA	Zip Code 15701	Transaction ID : SB17.109315	
Purpose of Disbursement CREDIT CARD FEES		Category/Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. FIRST COMMONWEALTH BANK			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015	
Mailing Address CREDIT CARD DEPT PO BOX 0537			Amount of Each Disbursement this Period 1130.01	
City INDIANA	State PA	Zip Code 15701	Transaction ID : SB17.109434	
Purpose of Disbursement SEE MEMO		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. POSTMASTER			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015	
Mailing Address 525 ALLEGHENY STREET			Amount of Each Disbursement this Period 1078.00	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Transaction ID : SB17.109436	
Purpose of Disbursement POSTAGE		Category/Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1130.01
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)		PAGE 147 OF 161	
	<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. FIRST COMMONWEALTH BANK		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address CREDIT CARD DEPT PO BOX 0537		Amount of Each Disbursement this Period 97.47 Transaction ID : SB17.109438
City INDIANA State PA Zip Code 15701	Purpose of Disbursement CREDIT CARD FEES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. FIRST COMMONWEALTH BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address CREDIT CARD DEPT PO BOX 0537		Amount of Each Disbursement this Period 97.47 Transaction ID : SB17.109693
City INDIANA State PA Zip Code 15701	Purpose of Disbursement SEE MEMO 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 3132 PLEASANT VALLEY BLVD		Amount of Each Disbursement this Period 10.57 Transaction ID : SB17.109695
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	97.47
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)		PAGE 148 OF 161	
	<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. FORD CREDIT		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address BOX 220564		Amount of Each Disbursement this Period 441.58
City PITTSBURGH	State PA	
Zip Code 15257	Purpose of Disbursement CAMPAIGN VEHICLE LEASE	Transaction ID : SB17.109251
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FORD CREDIT		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address BOX 220564		Amount of Each Disbursement this Period 379.96
City PITTSBURGH	State PA	
Zip Code 15257	Purpose of Disbursement CAMPAIGN VEHICLE LEASE	Transaction ID : SB17.109412
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FORD CREDIT		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address BOX 220564		Amount of Each Disbursement this Period 410.77
City PITTSBURGH	State PA	
Zip Code 15257	Purpose of Disbursement CAMPAIGN VEHICLE LEASE	Transaction ID : SB17.109529
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1232.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 149 OF 161	
	<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. HOLLIDAYSBURG AREA YMCA			Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address 1111 HEWITT STREET			Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.109495
City HOLLIDAYSBURG	State PA	Zip Code 16648	
Purpose of Disbursement EVENT SPONSORSHIP		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. MAVERICK FINANCE			Date of Disbursement MM / DD / YYYY 01 / 12 / 2015
Mailing Address 403 N SECOND STREET 2ND FL			Amount of Each Disbursement this Period 241.38 Transaction ID : SB17.109258
City HARRISBURG	State PA	Zip Code 17101	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. MAVERICK FINANCE			Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 403 N SECOND STREET 2ND FL			Amount of Each Disbursement this Period 8262.08 Transaction ID : SB17.109415
City HARRISBURG	State PA	Zip Code 17101	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	9003.46
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)		PAGE 150 OF 161	
	<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. MAVERICK FINANCE		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 403 N SECOND STREET 2ND FL		Amount of Each Disbursement this Period 8934.00
City HARRISBURG State PA Zip Code 17101	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 001	
Candidate Name		Transaction ID : SB17.109532
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. MS. JENNIFER MEARKLE		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 3022 BROAD AVE		Amount of Each Disbursement this Period 171.18
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement STAFF SALARY Category/Type 001	
Candidate Name		Transaction ID : SB17.109361
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. MS. JENNIFER MEARKLE		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 3022 BROAD AVE		Amount of Each Disbursement this Period 171.18
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement STAFF SALARY Category/Type 001	
Candidate Name		Transaction ID : SB17.109449
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9276.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 OF 161	
	<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. MS. JENNIFER MEARKLE		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 3022 BROAD AVE		Amount of Each Disbursement this Period 171.18 Transaction ID : SB17.109776
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement STAFF SALARY Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NRA FOUNDATION		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 298 MORGANTOWN ST.		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.109533
City UNIONTOWN State PA Zip Code 15401	Purpose of Disbursement EVENT TICKETS Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. O.K. STUCKEY AND SON		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 1800 EIGHTH AVENUE		Amount of Each Disbursement this Period 783.87 Transaction ID : SB17.109406
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement PRINTING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1355.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 152 OF 161	
	<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. ROGER OSBAUGH		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205		Amount of Each Disbursement this Period 89.97 Transaction ID : SB17.109699
City WAYNESBORO State PA Zip Code 17268	Purpose of Disbursement SEE MEMO 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DOLLAR GENERAL		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 904 BLAIR ST		Amount of Each Disbursement this Period 89.97 Transaction ID : SB17.109700 [MEMO ITEM]
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement TELEPHONE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PINTS FOR PETS		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 100 PARK AVE.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.109698
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement EVENT SPONSORSHIP 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	589.97
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)	PAGE 153 OF 161			
	<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. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 472.50 Transaction ID : SB17.109574
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PRECIOUS LIFE INC		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 1716 12TH AVENUE		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.109416
City ALTOONA	State PA	
Zip Code 16601	Purpose of Disbursement EVENT TICKETS	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. S&T BANK		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.109409
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement BANK FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1052.50
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)		PAGE 154 OF 161	
	<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. S&T BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.109514
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement BANK FEES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STATE FARM INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 715 LEXINGTON AVENUE		Amount of Each Disbursement this Period 73.35 Transaction ID : SB17.109247
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement INSURANCE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STATE FARM INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 715 LEXINGTON AVENUE		Amount of Each Disbursement this Period 594.35 Transaction ID : SB17.109496
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement INSURANCE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	747.70
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)		PAGE 155 OF 161	
	<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. STATE FARM INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 715 LEXINGTON AVENUE		Amount of Each Disbursement this Period 475.00 Transaction ID : SB17.109535
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement INSURANCE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STATE FARM INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 715 LEXINGTON AVENUE		Amount of Each Disbursement this Period 579.81 Transaction ID : SB17.109613
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement INSURANCE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MR. WILLIAM STRAESSER		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address PO BOX 1023		Amount of Each Disbursement this Period 535.89 Transaction ID : SB17.109261
City ALTOONA State PA Zip Code 16603	Purpose of Disbursement SEE MEMO 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1590.70
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)	PAGE 156 OF 161			
	<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. MR. WILLIAM STRAESSER			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 160.72	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.109262	
Purpose of Disbursement MILEAGE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) B. MR. WILLIAM STRAESSER			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 2620.38	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.109362	
Purpose of Disbursement STAFF SALARY		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) C. MR. WILLIAM STRAESSER			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 1202.92	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.109417	
Purpose of Disbursement SEE MEMO		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	3823.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 161			
	<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. MR. WILLIAM STRAUSSER			Date of Disbursement MM / DD / YYYY 02 / 10 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 644.00	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.109418	
Purpose of Disbursement MILEAGE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STAPLES			Date of Disbursement MM / DD / YYYY 02 / 10 / 2015	
Mailing Address PLANK ROAD/ORCHARD PLAZA			Amount of Each Disbursement this Period 100.69	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.109425	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. FULTON COUNTY MEDICAL CENTER			Date of Disbursement MM / DD / YYYY 02 / 10 / 2015	
Mailing Address 214 PEACH ORCHARD RD.			Amount of Each Disbursement this Period 300.00	
City MCCONNELLSBURG	State PA	Zip Code 17233	Transaction ID : SB17.109427	
Purpose of Disbursement EVENT SPONSORSHIP		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)	PAGE 158 OF 161			
	<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. MR. WILLIAM STRAESSER			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 2620.37	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.109450	
Purpose of Disbursement STAFF SALARY		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. MR. WILLIAM STRAESSER			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 1124.70	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.109537	
Purpose of Disbursement SEE MEMO		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. MR. WILLIAM STRAESSER			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015	
Mailing Address PO BOX 1023			Amount of Each Disbursement this Period 770.56	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.109538	
Purpose of Disbursement MILEAGE		001 Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	3745.07
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)	PAGE 159 OF 161			
	<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. POSTMASTER		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 525 ALLEGHENY STREET		Amount of Each Disbursement this Period 3707.69
City HOLLIDAYSBURG	State PA	
Purpose of Disbursement POSTAGE/PO BOX RENEWAL	Zip Code 16648	Transaction ID : SB17.109543
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. MR. WILLIAM STRAESSER		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address PO BOX 1023		Amount of Each Disbursement this Period 2620.38
City ALTOONA	State PA	
Purpose of Disbursement STAFF SALARY	Zip Code 16603	Transaction ID : SB17.109777
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 1087.31
City ALBANY	State NY	
Purpose of Disbursement TELEPHONE	Zip Code 12212	Transaction ID : SB17.109248
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3707.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 160 OF 161	
	<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. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 63.99
City ALBANY State NY Zip Code 12212	Purpose of Disbursement INTERNET SERVICE 001 Category/Type	
Candidate Name		Transaction ID : SB17.109260
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 63.99
City ALBANY State NY Zip Code 12212	Purpose of Disbursement INTERNET SERVICE 001 Category/Type	
Candidate Name		Transaction ID : SB17.109429
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 244.55
City ALBANY State NY Zip Code 12212	Purpose of Disbursement TELEPHONE 001 Category/Type	
Candidate Name		Transaction ID : SB17.109497
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	372.55
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)	PAGE 161 OF 161			
	<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. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 63.99
City ALBANY State NY Zip Code 12212	Purpose of Disbursement INTERNET SERVICE	
Candidate Name	Category/Type 001	Transaction ID : SB17.109548
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address PO BOX 25505		Amount of Each Disbursement this Period 1526.96
City LEHIGH VALLEY State PA Zip Code 18002	Purpose of Disbursement TELEPHONE	
Candidate Name	Category/Type 001	Transaction ID : SB17.109407
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO BOX 25505		Amount of Each Disbursement this Period 1050.23
City LEHIGH VALLEY State PA Zip Code 18002	Purpose of Disbursement TELEPHONE	
Candidate Name	Category/Type 001	Transaction ID : SB17.109536
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2641.18
TOTAL This Period (last page this line number only).....	136843.04