

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

X

NEW (N)

OR

AMENDED (A)

PA

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X

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

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

M M /

D D /

Y Y Y Y

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))....	310720.31	3462517.29
(b) Total Contribution Refunds (from Line 20(d)) .....	1000.00	6400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	309720.31	3456117.29
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	780926.83	3167780.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	161.10	2311.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	780765.73	3165468.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	405866.77	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	114499.40	1592123.52
(ii) Unitemized .....	7705.00	65249.76
(iii) TOTAL of contributions from individuals .....	122204.40	1657373.28
(b) Political Party Committees.....	0.00	1250.00
(c) Other Political Committees (such as PACs).....	188515.91	1803894.01
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	310720.31	3462517.29
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
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.) .....	161.10	2311.41
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	310881.41	3464828.70

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	780926.83	3167780.22
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	1400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	6400.00
21. OTHER DISBURSEMENTS .....	5800.00	253798.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	787726.83	3427978.22

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	882712.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	310881.41
25. SUBTOTAL (add Line 23 and Line 24).....	1193593.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	787726.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	405866.77

**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 154
	<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	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM H ABELL**

Mailing Address 1607 KERR ST.

City State Zip Code  
AUSTIN TX 78704

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

Name of Employer Occupation  
BICYCLE SPORT SHOP OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11Al.107700**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO BOX 42

City State Zip Code  
CRESSON PA 16630

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

Name of Employer Occupation  
THE RESCHINI GROUP EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107619**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3240 CALIFORNIA AVE.

City State Zip Code  
CARMICHAEL CA 95608

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

Name of Employer Occupation  
AMADOR STAGE LINES OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11Al.108184**

Amount of Each Receipt this Period  
1000.00

**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 6 OF 154
	<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)  
**PHILMORE B ANDERSON**

Mailing Address 3400 N VENICE STREET

City ARLINGTON State VA Zip Code 22207

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11Al.108221**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 2181 SE OLUSTEE DR.

City LEE State FL Zip Code 32059

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

Name of Employer ANNETT BUS LINES Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11Al.108185**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 129 LAUREL WAY

City JOHNSTOWN State PA Zip Code 15905

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

Name of Employer CONEMAUGH HEALTH SYSTEM AND MEMO Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11Al.108121**

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 7 OF 154
	<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)  
**TIM BLUMENTHAL**

Mailing Address 4888 FRANKLIN DR.

City: BOULDER State: CO Zip Code: 80301

FEC ID number of contributing federal political committee: C

Name of Employer: PEOPLE FOR BIKES COALITION Occupation: PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 07 / 2014

**Transaction ID : SA11Al.107706**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 2500 COUNTRY CLUB DR.

City: PITTSBURGH State: PA Zip Code: 15205

FEC ID number of contributing federal political committee: C

Name of Employer: GOLDEN TRIANGLE CONSTRUCTION Occupation: PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 05 / 06 / 2014

**Transaction ID : SA11Al.107557**

Amount of Each Receipt this Period: 1600.00

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

Mailing Address 735 FARWELL DR.

City: MADISON State: WI Zip Code: 53704

FEC ID number of contributing federal political committee: C

Name of Employer: TREK BIKES Occupation: PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 05 / 05 / 2014

**Transaction ID : SA11Al.107545**

Amount of Each Receipt this Period: 2600.00

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

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

4450.00

**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 8 OF 154
	<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)  
**MICHAEL F. CALANDRA**

Mailing Address 81 BRUNO DRIVE

City State Zip Code  
INDIANOLA PA 15051

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

Name of Employer Occupation  
JENNMAR ASSISTANT TO THE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 06 / 2014

**Transaction ID : SA11Al.107571**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO BOX 111253

City State Zip Code  
PITTSBURGH PA 15238

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

Name of Employer Occupation  
JENNMAR PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 06 / 2014

**Transaction ID : SA11Al.107577**

Amount of Each Receipt this Period  
2500.00

REATTRIBUTION PENDING

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

Mailing Address PO BOX 111253

City State Zip Code  
PITTSBURGH PA 15238

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

Name of Employer Occupation  
JENNMAR PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 06 / 2014

**Transaction ID : SA11Al.107632**

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 9 OF 154
	<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)  
**KARL ANTHONY CALANDRA**

Mailing Address 258 KAPPA DRIVE

City: PITTSBURGH State: PA Zip Code: 15238

FEC ID number of contributing federal political committee: C

Name of Employer: JENNMAR Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 05 / 06 / 2014

**Transaction ID : SA11AI.107574**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 258 KAPPA DRIVE

City: PITTSBURGH State: PA Zip Code: 15238

FEC ID number of contributing federal political committee: C

Name of Employer: JENNMAR Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 05 / 06 / 2014

**Transaction ID : SA11AI.107702**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 258 KAPPA DRIVE

City: PITTSBURGH State: PA Zip Code: 15238

FEC ID number of contributing federal political committee: C

Name of Employer: JENNMAR Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 05 / 06 / 2014

**Transaction ID : SA11AI.107703**

Amount of Each Receipt this Period: -1000.00  
CHARGEBACK

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

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

1000.00

**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 154
	<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)  
**COMPLIANCE STAFFING AGENCY, LLC**

Mailing Address 160 TECHNOLOGY DR.  
STE. 202

City State Zip Code  
CANONSBURG PA 15317

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.107625**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 160 TECHNOLOGY DR.  
STE. 202

City State Zip Code  
CANONSBURG PA 15317

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

Name of Employer Occupation  
COMPLIANCE STAFFING AGENCY, LLC PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.107626**

Amount of Each Receipt this Period  
 750.00

**[MEMO ITEM]**  
PARTNERSHIP COMPLIANCE STAFFING AGENCY, LLC

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

Mailing Address 160 TECHNOLOGY DR.

City State Zip Code  
CANONSBURG PA 15317

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

Name of Employer Occupation  
COMPLIANCE STAFFING AGENCY, LLC PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.107627**

Amount of Each Receipt this Period  
 750.00

**[MEMO ITEM]**  
PARTNERSHIP COMPLIANCE STAFFING AGENCY, LLC

**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 11 OF 154
	<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) <b>CYNTHIA A COURTNEY</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address 744 IRON HORSE WAY		<b>Transaction ID : SA11AI.107592</b>	
City CARTERVILLE	State IL	Zip Code 62918	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>PATRICK CUNNANE</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 795 GLEN ROAD		<b>Transaction ID : SA11AI.107542</b>	
City JENKINTOWN	State PA	Zip Code 19046	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer ADVANCED SPORTS INC.	Occupation SALES		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>THOMAS S CUSHMAN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 120 DANIEL ST.		<b>Transaction ID : SA11AI.107990</b>	
City BECKLEY	State WV	Zip Code 25801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 625.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 625.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1625.00
<b>TOTAL</b> This Period (last page this line number only).....	1625.00

**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 154
	<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 DADOLY**

Mailing Address 201 WINDGATE DR.

City State Zip Code  
CHESTER SPRINGS PA 19425

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : SA11AI.107845**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1920 N. CLARK ST. UNIT 17

City State Zip Code  
CHICAGO IL 60642

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

Name of Employer Occupation  
SRAM CORP PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11AI.107685**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**FREDERICK K. W. DAY**

Mailing Address 1000 W. WASHINGTON APT. 545

City State Zip Code  
CHICAGO IL 60607

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

Name of Employer Occupation  
SRAM CORP EXECUTIVE VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11AI.107687**

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 13 OF 154
	<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 DE LA CRUZ**

Mailing Address 5 HARBOR PT.

City State Zip Code  
KEY BISCAWAYNE FL 33149

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

Name of Employer Occupation  
CCT COMPANIES CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11Al.108138**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 304 WARD AVE E

City State Zip Code  
ALTOONA PA 16602

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

Name of Employer Occupation  
BLAIR ELECTRIC SERVICES PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11Al.107745**

Amount of Each Receipt this Period  
1100.00

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

Mailing Address 320 15TH ST.

City State Zip Code  
BOULDER CO 80302

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

Name of Employer Occupation  
PEOPLE FOR BIKES COALITION VP OF GOVERNMENT RELATIONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11Al.107705**

Amount of Each Receipt this Period  
250.00

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

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

3850.00

**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 154
	<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 DICKSON**

Mailing Address 521 RANCK RD

City State Zip Code  
NEW HOLLAND PA 17557

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

Name of Employer Occupation  
ELITE COACH OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.108188**

Amount of Each Receipt this Period  
500.00

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

Mailing Address RR 2 BOX 127

City State Zip Code  
ELIZABETHTOWN IL 62931

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

Name of Employer Occupation  
EAGLE VALLEY OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 06 / 2014

**Transaction ID : SA11AI.107664**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 95057 BARCLAY PL UNIT 6

City State Zip Code  
FERNANDINA BEACH FL 32034

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

Name of Employer Occupation  
SWANSEN INDUSTRIES VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 06 / 2014

**Transaction ID : SA11AI.107588**

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 15 OF 154
	<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. PHILIP ENGLISH**

Mailing Address 1050 CONNECTICUT AVENUE NW

City State Zip Code  
WASHINGTON DC 20036

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

Name of Employer Occupation  
ARENT FOX ATTORNEYS AT LAW SENIOR GOVT RELATIONS ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11Al.107755**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**FAST FOX COURIER SERVICE**

Mailing Address 605 S MARKET ST.

City State Zip Code  
MARION IL 62959

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

Name of Employer Occupation  
FAST FOX COURIER SERVICE PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
405.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107580**

Amount of Each Receipt this Period  
405.00

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

Mailing Address 605 S MARKET ST.

City State Zip Code  
MARION IL 62959

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

Name of Employer Occupation  
FAST FOX COURIER SERVICE PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
405.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107581**

Amount of Each Receipt this Period  
405.00

**[MEMO ITEM]**  
PARTNERSHIP FAST FOX COURIER SERVICE

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

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

1905.00

**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 154
	<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. PAUL FEENSTRA**

Mailing Address 3311 WYNDHAM CIR APT 1193  
APT #429

City State Zip Code  
ALEXANDRIA VA 22302

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

Name of Employer Occupation  
ITS AMERICA VP GOVERNMENT & PUBLIC AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11Al.108225**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 10256 COLORADO RD.

City State Zip Code  
BLOOMINGTON MN 55438

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

Name of Employer Occupation  
QUALITY BICYCLE PRODUCTS PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11Al.107686**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 69717 CRESTVIEW LANE

City State Zip Code  
ST. CLAIRSVILLE OH 43950

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

Name of Employer Occupation  
OHIO VALLEY COAL COMPANY MINING ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107565**

Amount of Each Receipt this Period  
1000.00

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

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

4100.00

**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 154
	<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)  
**CHRISTOPHER S FORTUNE**

Mailing Address 2118 WAUNONA WAY

City MADISON State WI Zip Code 53713

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

Name of Employer SARIS CYCLING GROUP Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11Al.107697**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1143 LECKRONE MASONTOWN RD.

City MCCLELLANDTOWN State PA Zip Code 15458

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

Name of Employer CJ WELDING & CONSTRUCTION Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11Al.107994**

Amount of Each Receipt this Period  
 125.00

**C.** Full Name (Last, First, Middle Initial)  
**JAMES H FRAMPTON JR.**

Mailing Address 1061 SODOM HUTCHINGS

City VIENNA State OH Zip Code 44473

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

Name of Employer SERVICE LUMBER COMPANY Occupation LUMBER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107583**

Amount of Each Receipt this Period  
 500.00

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

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

1125.00

**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 154
	<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)  
**GLADYS T GILLIS**

Mailing Address 2209 MUKILTEO SPEEDWAY

City MUKILTEO State WA Zip Code 98275

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.108189**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 255 SILVER BIRCH LN

City JOHNSTOWN State PA Zip Code 15905

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.107824**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 2523 NE 31ST

City PORTLAND State OR Zip Code 97212

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

Name of Employer SELF EMPLOYED Occupation BICYCLES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.107544**

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 19 OF 154
	<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) <b>A. ROBERT J GRAY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 6354 ALDERMAN DR.		<b>Transaction ID : SA11Al.108135</b>
City ALEXANDRIA	State VA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 300.00
Name of Employer INFORMATION REQUESTED		Election Cycle-to-Date 300.00
Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. ROBERT L GREENE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 19060 U STREET		<b>Transaction ID : SA11Al.108192</b>
City OMAHA	State NE	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer AMAYA-ASTRON SEATING		Election Cycle-to-Date 500.00
Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. DAVID W GRZEBINSKI</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 5204 VALERIE ST.		<b>Transaction ID : SA11Al.107892</b>
City BELLAIRE	State TX	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00
Name of Employer KIRBY CORPORATION		Election Cycle-to-Date 2600.00
Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3400.00
<b>TOTAL</b> 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 20 OF 154
	<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)  
**WESLEY HARRIS**

Mailing Address 4286 OLD NEW ENGLAND RD.

City	State	Zip Code
ALLISON PARK	PA	15101

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

Name of Employer	Occupation
JENMAR	SALES

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  
 05 / 06 / 2014

**Transaction ID : SA11Al.107570**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

Mailing Address 200 FRINGETREE DR.

City	State	Zip Code
WEST CHESTER	PA	19380

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

Name of Employer	Occupation
BENTLEY SYSTEMS, INC.	VICE PRESIDENT, HUMAN RESOURCES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11Al.107691**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**VAN D HIPPI JR.**

Mailing Address 809 N. QUAKER LANE

City	State	Zip Code
ALEXANDRIA	VA	22302

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

Name of Employer	Occupation
AMERICAN DEFENSE INTERNATIONAL	CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11Al.107948**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**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 21 OF 154
	<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)  
**STACY J HOLLIDAY**

Mailing Address 2901 WEAVER RD.

City HERRIN State IL Zip Code 62948

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.107591**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**I.C.R. CONTRACTING, LLC**

Mailing Address PO BOX 122

City NEFFS State OH Zip Code 43940

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.107628**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address PO BOX 122

City NEFFS State OH Zip Code 43940

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

Name of Employer I.C.R. CONTRACTING, LLC Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.107630**

Amount of Each Receipt this Period  
1500.00

**[MEMO ITEM]**  
PARTNERSHIP I.C.R. CONTRACTING, LLC

**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 22 OF 154
	<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) <b>A. DANIEL R JACK</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address 4937 CHEYENNE CT		<b>Transaction ID : SA11Al.107618</b>	
City GIBSONIA	State PA	Zip Code 15044	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer RESCHINI AGENCY, INC.	Occupation INSURANCE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1250.00		

Full Name (Last, First, Middle Initial) <b>B. LUELLA F JAMISON</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address 102 BREEZEWOOD DR.		<b>Transaction ID : SA11Al.107680</b>	
City VENETIA	State PA	Zip Code 15367	Amount of Each Receipt this Period _____ 375.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 375.00		

Full Name (Last, First, Middle Initial) <b>C. DARLENE P JOHNSTON</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 1207 BACK RUN RD		<b>Transaction ID : SA11Al.107885</b>	
City MC CONNELLSBURG	State PA	Zip Code 17233	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer H. D. JOHNSTON, D.O.	Occupation PHYSICIAN ASSISTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1575.00
<b>TOTAL</b> 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 23 OF 154
	<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)  
**JOSEPH G KELLER**

Mailing Address 120 CLOVER CIRCLE

City HOLLIDAYSBURG State PA Zip Code 16648

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

Name of Employer KELLER ENGINEERING INC Occupation CIVIL ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.107823**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**EDWARD M KILKEARY SR.**

Mailing Address 1137 LAURALLYNN DR.

City LATROBE State PA Zip Code 15650

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

Name of Employer L.J. AVIATION Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.107832**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1706 FOREST LANE

City MCLEAN State VA Zip Code 22101

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
824.40

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : SA11AI.108119**

Amount of Each Receipt this Period  
824.40  
IN-KIND:EVENT CATERING

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

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

2324.40

**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 154
	<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)  
**EILEEN M.H. KOHLER**

Mailing Address 1525 QUEEN ANN LN.

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Occupation  
SWANSON INDUSTRIES VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107589**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 64980 BREEZY POINT LN.

City State Zip Code  
BELLAIRE OH 43906

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

Name of Employer Occupation  
OHIO VALLEY COAL COAL MINER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107615**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 478 MILL CREEK DR.

City State Zip Code  
MOAB UT 84532

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

Name of Employer Occupation  
WESTERN SPIRIT CYCLING OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11Al.107699**

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 25 OF 154
	<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)  
**DALE N KRAPP**

Mailing Address 220 HUNTING HILL LN

City WEST CHESTER State PA Zip Code 19380

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

Name of Employer KRAPP BUS COMPANIES Occupation CHAIRMAN OF THE BOARD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11Al.107833**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 83 LUSK RD.

City BENTLEYVILLE State PA Zip Code 15314

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

Name of Employer LONE PINE CONSTRUCTION Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107608**

Amount of Each Receipt this Period  
500.00

**C.** 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 L AND G LEASING INC Occupation VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11Al.108195**

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 26 OF 154
	<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)  
**VICKI LEDSONE**

Mailing Address 55 POND DR.

City State Zip Code  
FAIRMONT WV 26554

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

Name of Employer Occupation  
M.A. HESTON, INC. OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11AI.108021**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**P JOSEPH LEHMAN JR.**

Mailing Address 315 QUINCE CT

City State Zip Code  
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation  
P JOSEPH LEHMAN INC PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.107742**

Amount of Each Receipt this Period  
1100.00

**C.** Full Name (Last, First, Middle Initial)  
**P JOSEPH LEHMAN JR.**

Mailing Address 315 QUINCE CT

City State Zip Code  
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation  
P JOSEPH LEHMAN INC PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.107744**

Amount of Each Receipt this Period  
50.00

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

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

1400.00



**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 154
	<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)  
**ANDREW K MALONEY**

Mailing Address 3020 MACOMB STREET, NW

City WASHINGTON	State DC	Zip Code 20008
--------------------	-------------	-------------------

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

Name of Employer FEDERALIST GROUP LLC	Occupation VICE PRESIDENT
--	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11Al.107825**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1405 E. CLEMENT ST.

City BALTIMORE	State MD	Zip Code 21230
-------------------	-------------	-------------------

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

Name of Employer CYCLING SPORTS GROUP	Occupation SENIOR VP OF SALES
--	----------------------------------

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  
 05 / 07 / 2014

**Transaction ID : SA11Al.107684**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO BOX 97

City OHIOPYLE	State PA	Zip Code 15470
------------------	-------------	-------------------

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

Name of Employer WILDERNESS VOYAGEURS	Occupation OWNER
--	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11Al.107696**

Amount of Each Receipt this Period  
250.00

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

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

3750.00

**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 154
	<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)  
**MICHAEL D MARVEL**

Mailing Address 4398 MARVEL RD.

City THOMPSONVILLE State IL Zip Code 62890

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

Name of Employer AMERICAN COAL Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107593**

Amount of Each Receipt this Period  
 270.00

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

Mailing Address 3447 E. CARSON ST.

City PITTSBURGH State PA Zip Code 15203

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

Name of Employer MATCON DIAMOND Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107558**

Amount of Each Receipt this Period  
 2100.00

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

Mailing Address 3039 ALBEMARLE ST. NW

City WASHINGTON State DC Zip Code 20008

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

Name of Employer MCALLISTER & QUINN, LLC Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11Al.107868**

Amount of Each Receipt this Period  
 500.00

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

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

2870.00

**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 154
	<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)  
**FREDA MCCORMICK**

Mailing Address 525 W ELM ST.

City State Zip Code  
CLAY KY 42404

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2014

**Transaction ID : SA11AI.108054**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 65720 BARKCAMP PARK RD.

City State Zip Code  
BELMONT OH 43718

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

Name of Employer Occupation  
AMERICAN ENERGY CORPORATION MINING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 06 / 2014

**Transaction ID : SA11AI.107564**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 113 BELL FARM ESTATES

City State Zip Code  
SEWICKLEY PA 15143

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

Name of Employer Occupation  
PITTSBURGH PENGUINS PRESIDENT/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11AI.107688**

Amount of Each Receipt this Period  
500.00

**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 31 OF 154
	<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 MULLENS**

Mailing Address 93 SHERIDAN LN.

City MORGANTOWN State WV Zip Code 26508

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

Name of Employer LEMAC MINE SERVICE, INC. Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107672**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 13249 RT. 37

City MARION State IL Zip Code 62959

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

Name of Employer OXFORD CRANE, INC. Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107610**

Amount of Each Receipt this Period  
450.00

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

Mailing Address PO BOX 576

City STEUBENVILLE State OH Zip Code 43952

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107595**

Amount of Each Receipt this Period  
450.00

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

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

1150.00

**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 154
	<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)  
**JASON PAVLUCHUK**

Mailing Address 14317 MEAGAN LOOP

City Gainesville State VA Zip Code 20155

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

Name of Employer PAVLUCHUK AND ASSOCIATES Occupation PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 09 / 2014**

**Transaction ID : SA11AI.108060**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 367 GEORGE ST.

City Beckley State WV Zip Code 25801

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

Name of Employer PHILLIPS MACHINE Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11AI.107665**

Amount of Each Receipt this Period  
**625.00**

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

Mailing Address 1114 E STREET SE

City Washington State DC Zip Code 20003

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

Name of Employer REPUBLIC CONSULTANTS LLC Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11AI.107759**

Amount of Each Receipt this Period  
**500.00**

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

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

**1625.00**

**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 154
	<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. WILLIAM C POLACEK**

Mailing Address 437 LEVENTRY ROAD

City JOHNSTOWN State PA Zip Code 15904

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

Name of Employer JWF INDUSTRIES Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.107887**

Amount of Each Receipt this Period  
 1000.00

**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.108198**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.108201**

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 34 OF 154
	<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)  
**CHRISTINE TINA PYNE**

Mailing Address **PO BOX 1745**

City **HOUSTON** State **TX** Zip Code **77251**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : SA11AI.107955**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **PO BOX 1745**

City **HOUSTON** State **TX** Zip Code **77251**

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

Name of Employer **KIRBY CORPORATION** Occupation **CHAIRMAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : SA11AI.107956**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **2080 PINE HILL RD.**

City **WHEELING** State **WV** Zip Code **26003**

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

Name of Employer **MOUNTAINEER EXCAVATING, INC.** Occupation **CONSTRUCTION**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11AI.107582**

Amount of Each Receipt this Period  
**250.00**

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

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

**5450.00**

**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 154
	<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 R RAESE**

Mailing Address PO BOX 1900

City MORGANTOWN State WV Zip Code 26507

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

Name of Employer GREER INDUSTRIES Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11AI.107979**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4145 PAAR STREET

City LA CRESCENT State MN Zip Code 55947

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

Name of Employer READY BUS LINES Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.108202**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6333 HOWE STREET

City PITTSBURGH State PA Zip Code 15206

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

Name of Employer THE RESCHINI GROUP Occupation COO/INSURANCE AGENCY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.107620**

Amount of Each Receipt this Period  
1350.00

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

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

2350.00

**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 154
	<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)  
**JOSEPH RESCHINI**

Mailing Address 6333 HOWE STREET

City: PITTSBURGH State: PA Zip Code: 15206

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

Name of Employer: THE RESCHINI GROUP Occupation: COO/INSURANCE AGENCY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 3350.00

Date of Receipt: 05 / 06 / 2014

**Transaction ID : SA11AI.107631**

Amount of Each Receipt this Period: 750.00

**B.** Full Name (Last, First, Middle Initial)  
**ANNA-MARIE N RESCHINI**

Mailing Address 6333 HOWE ST.

City: PITTSBURGH State: PA Zip Code: 15206

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

Name of Employer: THE RESCHINI GROUP Occupation: EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 05 / 06 / 2014

**Transaction ID : SA11AI.107616**

Amount of Each Receipt this Period: 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**ANNA-MARIE N RESCHINI**

Mailing Address 6333 HOWE ST.

City: PITTSBURGH State: PA Zip Code: 15206

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

Name of Employer: THE RESCHINI GROUP Occupation: EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 05 / 06 / 2014

**Transaction ID : SA11AI.107617**

Amount of Each Receipt this Period: 1400.00

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

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

4750.00

**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 154
	<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 F RODGERS**

Mailing Address 933 BELLVIEW RD.

City State Zip Code  
MCLEAN VI 22102

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2014

**Transaction ID : SA11AI.107838**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1431 COLA DRIVE

City State Zip Code  
MCLEAN VA 22101

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

Name of Employer Occupation  
SELF EMPLOYED CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2014

**Transaction ID : SA11AI.108232**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 8000 GREENWICH WOODS DRIVE

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation  
PATTON BOGGS LLP GOVERNMENT RELATIONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : SA11AI.107762**

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 38 OF 154
	<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)  
**W GREG ROTHMAN**

Mailing Address **3 LEMOYNE DR**

City **LEMOYNE** State **PA** Zip Code **17043**

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

Name of Employer **RSR REALTY** Occupation **REALTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 13 / 2014**

**Transaction ID : SA11AI.107763**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **1110 VERMONT AVE., NW STE. 1000**

City **WASHINGTON** State **DC** Zip Code **20005**

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

Name of Employer **PRIME POLICY GROUP** Occupation **MANAGING DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.108203**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **10 CLAY AVE.**

City **WHEELING** State **WV** Zip Code **26003**

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

Name of Employer **SEBULSKY INDUSTRIES, INC.** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11AI.107624**

Amount of Each Receipt this Period  
**1350.00**

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

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

**2350.00**

**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 39 OF 154
	<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)  
**PATRICK M SEIDLER**

Mailing Address 187 E BLITHEDALE AVE.

City MILL VALLEY State CA Zip Code 94941

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

Name of Employer WILDERNESS TRAIL, INC. Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11Al.107694**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES D SEYMOUR JR.**

Mailing Address 600 STONELEIGH RD.

City BALTIMORE State MD Zip Code 21212

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

Name of Employer VEGANCE TECHNOLOGIES Occupation VICE PRESIDENT - NORTH AMERICAN REG

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11Al.107982**

Amount of Each Receipt this Period  
 225.00

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

Mailing Address 1806 CRIMSON LN.

City BLOOMINGTON State IL Zip Code 61704

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

Name of Employer GROWMARK, INC. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11Al.108151**

Amount of Each Receipt this Period  
 500.00

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

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

1225.00

**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 154
	<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)  
**BRUCE SOLL**

Mailing Address 141 SOUTH DREXEL AVENUE

City BEXLEY State OH Zip Code 43209

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

Name of Employer L BRANDS Occupation COUNSEL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11Al.107760**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 141 SOUTH DREXEL AVENUE

City BEXLEY State OH Zip Code 43209

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

Name of Employer L BRANDS Occupation COUNSEL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11Al.107761**

Amount of Each Receipt this Period  
2400.00

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

Mailing Address 425 IRONWOOD DR.

City CANONSBURG State PA Zip Code 15317

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

Name of Employer JENMAR Occupation PRESIDENT- KMS

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  
 05 / 06 / 2014

**Transaction ID : SA11Al.107566**

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: PAGE 41 OF 154  
(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**

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

Mailing Address 745 MUIRFIELD DR.

City Greensburg State PA Zip Code 15601

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

Name of Employer JENMAR Occupation VP SALES

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.107567**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 45 PETRAK ST.

City Charleroi State PA Zip Code 15022

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

Name of Employer STILES MARINE, INC. Occupation OWNER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11AI.107981**

Amount of Each Receipt this Period  
 250.00

**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 STOUTS CHARTER SERVICE Occupation PRESIDENT

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.108204**

Amount of Each Receipt this Period  
 500.00

**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: PAGE 42 OF 154  
(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**

**A.** 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  
VANDALIA BUS LINES, INC. VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11Al.108205**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 813 SAINT STEPHENS RD.

City State Zip Code  
ALEXANDRIA VA 22304

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

Name of Employer Occupation  
CREATIVE GOVERNMENT SOLUTIONS PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11Al.108152**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2892 OAKWOOD LN.

City State Zip Code  
OSHKOSH WI 54904

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

Name of Employer Occupation  
OSHKOSH CORPORATION CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11Al.108136**

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 43 OF 154
	<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)  
**BRIAN TAYLOR**

Mailing Address 807 BRONSON LANE

City State Zip Code  
HIGHLAND PARK IL 60035

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

Name of Employer Occupation  
KERNEL SEASONS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2014

**Transaction ID : SA11Al.108160**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2512 PANORAMA PLACE

City State Zip Code  
VESTAVIA AL 35216

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

Name of Employer Occupation  
ALAN THRASHER TRAILWAYS CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11Al.108207**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 31440 NORTHWESTERN HWY.  
STE. 300

City State Zip Code  
FARMINGTON HILLS MI 48334

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

Name of Employer Occupation  
TROTT MANAGEMENT, INC. CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : SA11Al.107886**

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 44 OF 154
	<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)  
**VALLEY LAND GROUP**

Mailing Address 1021 51ST ST.

City: VIENNA State: WV Zip Code: 26105

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 06 / 03 / 2014

**Transaction ID : SA11AI.107951**

Amount of Each Receipt this Period: 400.00

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

Mailing Address 1021 51ST ST.

City: VIENNA State: WV Zip Code: 26105

FEC ID number of contributing federal political committee: C

Name of Employer: VALLEY LAND GROUP Occupation: PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 06 / 03 / 2014

**Transaction ID : SA11AI.107952**

Amount of Each Receipt this Period: 400.00

**[MEMO ITEM]**  
PARTNERSHIP VALLEY LAND GROUP

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

Mailing Address 66 WILL SCARLET RD.

City: MCMURRAY State: PA Zip Code: 15317

FEC ID number of contributing federal political committee: C

Name of Employer: TRI STATE SUPPLY CO., INC. Occupation: PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 225.00

Date of Receipt: 05 / 06 / 2014

**Transaction ID : SA11AI.107671**

Amount of Each Receipt this Period: 225.00

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

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

625.00

**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 154
	<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) <b>A. MICHAEL R VOLECK</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 49595 NATURE TRAIL		<b>Transaction ID : SA11Al.107598</b>
City ST. CLAIRSVILLE	State OH	
Zip Code 43950		Amount of Each Receipt this Period 375.00
FEC ID number of contributing federal political committee. C	Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID B WALK</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 544 HAVENSIDE AVE.		<b>Transaction ID : SA11Al.107701</b>
City NEWBURY PARK	State CA	
Zip Code 91320		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	Name of Employer GIANT BICYCLE	Occupation GENERAL MANAGER
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. DAVID WALLACE</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 11800 HARMONY CHURCH RD.		<b>Transaction ID : SA11Al.107622</b>
City WEST FRANKFORT	State IL	
Zip Code 62896		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C	Name of Employer WALLACE ELECTRICAL SYSTEMS	Occupation OWNER
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4725.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3475.00
<b>TOTAL</b> 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 46 OF 154
	<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 WALLACE**

Mailing Address 11800 HARMONY CHURCH RD.

City WEST FRANKFORT State IL Zip Code 62896

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

Name of Employer WALLACE ELECTRICAL SYSTEMS Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4725.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Al.107623**

Amount of Each Receipt this Period  
2125.00

**B.** 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 COMPANIES Occupation PRESIDENT AND CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11Al.108209**

Amount of Each Receipt this Period  
500.00

**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11Al.108226**

Amount of Each Receipt this Period  
500.00

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

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

3125.00

**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 154
	<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 WHITE**

Mailing Address 5035 MACOMB STREET NW

City WASHINGTON State DC Zip Code 20016

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

Name of Employer ROBERTI+WHITE LLC Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 10 / 2014

**Transaction ID : SA11Al.107711**

Amount of Each Receipt this Period  
1300.00

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

Mailing Address 5501 LBJ FWY. STE. 250

City DALLAS State TX Zip Code 75240

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

Name of Employer GALLAGHER BENEFIT SERVICES, INC. Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 18 / 2014

**Transaction ID : SA11Al.107839**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 810 HEATHER CT.

City HOUSTON State TX Zip Code 77024

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11Al.107893**

Amount of Each Receipt this Period  
2000.00

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

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

4300.00

**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 154
	<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)  
**HOK SHUN (DANNY) YAU**

Mailing Address 1883 E. PLEASANT VALLEY BLVD.

City	State	Zip Code
ALTOONA	PA	16602

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

Name of Employer	Occupation
OPTIA/UNITED COMPUTER PRODUCTS CO I	COMPUTER SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11Al.107741**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 843 RIVERSIDE DR

City	State	Zip Code
ASHEVILLE	NC	28804

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

Name of Employer	Occupation
YOUNG TRANSPORTATION	OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11Al.108210**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 214 MARTHA AVE.  
FLOOR 2

City	State	Zip Code
ELMWOOD PARK	NJ	07407

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

Name of Employer	Occupation
MILKYWAY EDUCATION, INC.	DIRECTOR OF COLLEGE COUNSELING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
0.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : SA11Al.108163**

Amount of Each Receipt this Period  
-1500.00  
CHARGEBACK

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

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

500.00

114499.40

**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 154
	<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)  
**ACTION COMMITTEE FOR RURAL ELECTRIFICATION PAC**

Mailing Address 4301 WILSON BLVD

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11C.107826**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address HARBORSIDE FINANCIAL CENTER  
201 PLAZA THREE

City JERSEY CITY State NJ Zip Code 07311

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11C.107748**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**AIR PRODUCTS POLITICAL ALLIANCE PAC**

Mailing Address PO BOX 441

City TRELLEERTOWN State PA Zip Code 18087

FEC ID number of contributing federal political committee. **C** C00127258

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11C.107765**

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 50 OF 154		
	<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)  
**AIRCRAFT OWNERS PILOTS ASSOCIATION PAC**

Mailing Address 421 AVIATION WAY

City State Zip Code  
FREDERICK MD 21701

FEC ID number of contributing federal political committee. **C C00131185**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2014

**Transaction ID : SA11C.107950**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**ALLERGAN INC PAC FOR EMPLOYEES**

Mailing Address 2148 E ORANGEVIEW LN

City State Zip Code  
ORANGE CA 92867

FEC ID number of contributing federal political committee. **C C00292102**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 01 / 2014

**Transaction ID : SA11C.107534**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ALLIANCE OF AUTOMOBILE MANUFACTURERS INC POLITICAL ACTION COMMITTEE**

Mailing Address 803 7TH ST., NW  
SUITE 300

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00516526**

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  
06 / 30 / 2014

**Transaction ID : SA11C.108170**

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 51 OF 154
	<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)  
**ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC**

Mailing Address **7575 E FULTON ROAD**  
**ATTN: SCOTT SMOES 56-3S**

City **ADA** State **MI** Zip Code **49355**

FEC ID number of contributing federal political committee. **C C00034884**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11C.108222**

Amount of Each Receipt this Period  
 1000.00

**B.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11C.107559**

Amount of Each Receipt this Period  
 3000.00

**C.** Full Name (Last, First, Middle Initial)  
**ARENT FOX LLP PAC**

Mailing Address **1050 CONNECTICUT AVE NW**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00241380**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA11C.107746**

Amount of Each Receipt this Period  
 2500.00

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

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

6500.00

**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 154
	<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)  
**ARKANSAS BEST CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 3801 OLD GREENWOOD ROAD  
PO BOX 10048

City FORT SMITH State AR Zip Code 72903

FEC ID number of contributing federal political committee. **C** C00193383

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11C.108172**

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 WASHINGTON State DC Zip Code 20024

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11C.107562**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BAE SYSTEMS USA PAC**

Mailing Address 1300 17TH ST N  
SUITE 1400

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11C.107873**

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 53 OF 154
	<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)  
**BAYER CORPORATION PAC**

Mailing Address 100 BAYER RD

City State Zip Code  
PITTSBURGH PA 15205

FEC ID number of contributing federal political committee. **C** C00281162

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : SA11C.108061**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**BENTLEY SYSTEMS, INCORPORATED FEDERAL PAC**

Mailing Address 685 STOCKTON DRIVE

City State Zip Code  
EXTON PA 19341

FEC ID number of contributing federal political committee. **C** C00408138

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11C.107842**

Amount of Each Receipt this Period  
4000.00

**C.** Full Name (Last, First, Middle Initial)  
**BENTLEY SYSTEMS, INCORPORATED FEDERAL PAC**

Mailing Address 685 STOCKTON DRIVE

City State Zip Code  
EXTON PA 19341

FEC ID number of contributing federal political committee. **C** C00408138

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11C.107843**

Amount of Each Receipt this Period  
1000.00

**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 54 OF 154
	<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)  
**BIKES BELONG COALITION LTD. POLITICAL ACTION COMMITTEE**

Mailing Address 1928 PEARL STREET

City BOULDER State CO Zip Code 80302

FEC ID number of contributing federal political committee. **C** C00372862

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11C.107683**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**BILL 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** C00412288

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11C.107560**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**BRIDGEPOINT EDUCATION INC. PAC**

Mailing Address 13500 EVENING CREEK DR. NORTH SUITE 600

City SAN DIEGO State CA Zip Code 92128

FEC ID number of contributing federal political committee. **C** C00478404

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11C.107561**

Amount of Each Receipt this Period  
2500.00

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

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

12500.00

**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 55 OF 154
	<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)  
**BURSON-MARSTELLER YOUNG & RUBICAM PAC**

Mailing Address 1110 VERMONT AVE. NW  
SUITE 1000

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00201863**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11C.107575**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**BURSON-MARSTELLER YOUNG & RUBICAM PAC**

Mailing Address 1110 VERMONT AVE. NW  
SUITE 1000

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00201863**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11C.108173**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**CALIFORNIA CANNING PEACH ASSOCIATION POLITICAL ACTION COMMITTEE (AKA PEACH-PAC)**

Mailing Address 2300 RIVER PLAZA DRIVE #100

City SACRAMENTO State CA Zip Code 95833

FEC ID number of contributing federal political committee. **C C00019083**

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  
 06 / 17 / 2014

**Transaction ID : SA11C.108127**

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 56 OF 154
	<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)  
**CHESAPEAKE ENERGY CORPORATION FEDERAL**

Mailing Address PO BOX 18496

City State Zip Code  
OKLAHOMA CITY OK 73154

FEC ID number of contributing federal political committee. **C C00389288**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11C.108123**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address PO BOX 6016

City State Zip Code  
SAN RAMON CA 94583

FEC ID number of contributing federal political committee. **C C00035006**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11C.107827**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**CHS INC. POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 64089

City State Zip Code  
INVER GROVE HTS MN 55164

FEC ID number of contributing federal political committee. **C C00149104**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11C.108131**

Amount of Each Receipt this Period  
1000.00

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

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

5500.00

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**COBHAM HOLDINGS INC POLITICAL ACTION COMMITTEE 'COBHAM PAC'**

Mailing Address 2121 CRYSTAL DRIVE

City State Zip Code  
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C C00457051**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11C.108178**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address ONE COMCAST CENTER  
1701 JFK BOULEVARD

City State Zip Code  
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11C.107841**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**CONSUMER ELECTRONICS ASSOCIATION PAC**

Mailing Address 1919 SOUTH EADS STREET

City State Zip Code  
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C C00375048**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11C.108175**

Amount of Each Receipt this Period  
2500.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 58 OF 154  
(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)  
**COUNCIL OF INSURANCE AGENTS & BROKERS**

Mailing Address 701 PENNSYLVANIA AVE NW NO 750

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11C.107874**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**COX ENTERPRISES PAC (COXPAC) INC.**

Mailing Address 975 F STREET, NW SUITE 300

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : SA11C.107533**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 10220 AMBASSADOR DR N

City State Zip Code  
KANSAS CITY MO 64153

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11C.108145**

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 59 OF 154
	<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)  
**DAVID ROUZER FOR CONGRESS**

Mailing Address PO BOX 2267

City State Zip Code  
SMITHFIELD NC 27577

FEC ID number of contributing federal political committee. **C C00501643**

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  
 05 / 20 / 2014

**Transaction ID : SA11C.107891**

Amount of Each Receipt this Period  
1000.00

**B.** 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  
1015.91

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11C.107821**

Amount of Each Receipt this Period  
1015.91

IN-KIND:EVENT CATERING

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

Mailing Address 3190 FAIRVIEW PARK DRIVE  
SUITE 700

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C C00409979**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11C.108146**

Amount of Each Receipt this Period  
1500.00

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

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

3515.91

**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 154
	<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)  
**EQT CORPORATION PAC**

Mailing Address **625 LIBERTY AVENUE  
SUITE 1700**

City **PITTSBURGH** State **PA** Zip Code **15222**

FEC ID number of contributing federal political committee. **C C00151175**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 07 / 2014**

**Transaction ID : SA11C.107682**

Amount of Each Receipt this Period  
**1500.00**

**B.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **9000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : SA11C.107844**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**FAA MANAGERS ASSOCIATION, INC. PAC**

Mailing Address **#315 4410 MASSACHUSETTS AVE NW**

City **WASHINGTON** State **DC** Zip Code **20016**

FEC ID number of contributing federal political committee. **C C00366070**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11C.107834**

Amount of Each Receipt this Period  
**5000.00**

**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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**FARM CREDIT COUNCIL**

Mailing Address 50 F ST NW SUITE 900

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00193631**

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  
06 / 17 / 2014

**Transaction ID : SA11C.108133**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**GENERAL AVIATION MANUFACTURERS ASSOCIATION PAC**

Mailing Address 1400 K STREET NW, SUITE 801

City State Zip Code  
WAHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00014878**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2014

**Transaction ID : SA11C.107835**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**GENERAL DYNAMICS VOLUNTARY PAC**

Mailing Address 2941 FAIRVIEW PARK DR  
SUITE 100

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2014

**Transaction ID : SA11C.108147**

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 62 OF 154
	<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)  
**GENERAL ELECTRIC COMPANY PAC**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11C.108156**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**GENERAL MOTORS CORPORATION PAC**

Mailing Address 25 MASSACHUSETTS AVE NW STE 400

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00076810**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11C.108231**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1101 NEW YORK AVENUE, NW  
SECOND FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00428623**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11C.107707**

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 63 OF 154
	<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)  
**GRANITE CONSTRUCTION INC. EMPLOYEE PAC - GRANITEPAC**

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code  
SACRAMENTO CA 95814

FEC ID number of contributing federal political committee. **C** C00337394

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2014

**Transaction ID : SA11C.108124**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 3660 GRANDVIEW PKWY STE. 200

City State Zip Code  
BIRMINGHAM AL 35243

FEC ID number of contributing federal political committee. **C** C00414649

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2014

**Transaction ID : SA11C.108122**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 1800 CENTER ST

City State Zip Code  
CAMP HILL PA 17089

FEC ID number of contributing federal political committee. **C** C00302844

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  
05 / 07 / 2014

**Transaction ID : SA11C.107693**

Amount of Each Receipt this Period  
500.00

**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 64 OF 154
	<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)  
**HUSCH BLACKWELL POLITICAL ACTION COMMITTEE**

Mailing Address 4801 MAIN STREET  
SUITE 1000

City State Zip Code  
KANSAS CITY MO 64112

FEC ID number of contributing federal political committee. **C** C00424382

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2014

**Transaction ID : SA11C.107750**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA PAC**

Mailing Address 412 FIRST STREET, SE, SUITE 300

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : SA11C.107875**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO BOX 64101

City State Zip Code  
SAINT PAUL MN 55164

FEC ID number of contributing federal political committee. **C** C00009423

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2014

**Transaction ID : SA11C.108155**

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 154
	<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)  
**MAKING AMERICA PROSPEROUS PAC**

Mailing Address PO BOX 2485

City State Zip Code  
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C C00445379**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11C.107872**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**MARATHON OIL CO PAC**

Mailing Address 5555 SAN FELIPE ST., STE. 4148

City State Zip Code  
HOUSTON TX 77056

FEC ID number of contributing federal political committee. **C C00040568**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11C.107828**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 1099 NEW YORK AVENUE NW  
SUITE 510

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00063164**

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  
 06 / 30 / 2014

**Transaction ID : SA11C.108223**

Amount of Each Receipt this Period  
1000.00

**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 66 OF 154
	<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) <b>NABPAC</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 1771 N ST NW		<b>Transaction ID : SA11C.107836</b>
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. <b>C C00009985</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>NAMIC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 122 C ST NW, SUITE 540		<b>Transaction ID : SA11C.108059</b>
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. <b>C C00170258</b>		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>NATIONAL AUTO AUCTION ASSOCIATION POLITICAL ACTION COMMITTEE (NAAA PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 5320 SPECTRUM DR STE D		<b>Transaction ID : SA11C.107531</b>
City FREDERICK	State MD	
FEC ID number of contributing federal political committee. <b>C C00517870</b>		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> 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 67 OF 154
	<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)  
**NATIONAL BUSINESS AVIATION ASSOCIATION INC PAC (NBAA-PAC)**

Mailing Address 1200 EIGHTEENTH ST NW SUITE 400

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee. **C** C00319723

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11C.107829**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL EMERGENCY MEDICINE PAC**

Mailing Address 2121 K ST NW SUITE 325

City	State	Zip Code
WASHINGTON	DC	20037

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11C.107949**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL GRAPE CO-OPERATIVE ASSOCIATION INC/WELCH FOODS INC, A COOPERATIVE PAC**

Mailing Address 2 SOUTH PORTAGE STREET

City	State	Zip Code
WESTFIELD	NY	14787

FEC ID number of contributing federal political committee. **C** C00133215

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  
 06 / 17 / 2014

**Transaction ID : SA11C.108132**

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 68 OF 154
	<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)  
**NATIONAL INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION PAC FUND**

Mailing Address **2521 BROWN BLVD**

City	State	Zip Code
ARLINGTON	TX	76006

FEC ID number of contributing federal political committee. **C C00507699**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 01 / 2014**

**Transaction ID : SA11C.107532**

Amount of Each Receipt this Period  
**2500.00**

B. Full Name (Last, First, Middle Initial)  
**NATIONAL MULTI HOUSING COUNCIL PAC**

Mailing Address **1850 M ST NW SUITE 540**

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : SA11C.107889**

Amount of Each Receipt this Period  
**1500.00**

C. Full Name (Last, First, Middle Initial)  
**NATIONAL MULTI HOUSING COUNCIL PAC**

Mailing Address **1850 M ST NW SUITE 540**

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **8500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11C.108224**

Amount of Each Receipt this Period  
**2500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>6500.00</b>
<b>TOTAL</b> 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 69 OF 154
	<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)  
NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS POLITICAL ACTION COMMITTEE (NSPE-PAC)

Mailing Address 1420 KING STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00090415

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11C.107751**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address ONE NATIONWIDE PLAZA  
1-32-301

City COLUMBUS State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00076174

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11C.108148**

Amount of Each Receipt this Period  
 1000.00

**C.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11C.107888**

Amount of Each Receipt this Period  
 2500.00

**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 70 OF 154
	<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)  
**NFIB SAFE TRUST**

Mailing Address 1201 F ST NW SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11C.107747**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NORTH SIDE GOOD GOVERNMENT**

Mailing Address 3400 WATER ST S

City PITTSBURGH State PA Zip Code 15203

FEC ID number of contributing federal political committee. **C** C00295600

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11C.107840**

Amount of Each Receipt this Period  
 2500.00

**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11C.108125**

Amount of Each Receipt this Period  
 2000.00

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

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

5500.00

**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 154	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**OSHKOSH CORPORATION EMPLOYEES**

Mailing Address **PO BOX 2566**

City **OSHKOSH** State **WI** Zip Code **54903**

FEC ID number of contributing federal political committee. **C C00304477**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 17 / 2014**

**Transaction ID : SA11C.108126**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address **10889 WILSHIRE BLVD**

City **LOS ANGELES** State **CA** Zip Code **90024**

FEC ID number of contributing federal political committee. **C C00083857**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11C.107830**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**PEOPLE PAC (PACCAR INC EMPLOYEES ORGANIZED FOR POLITICAL LEADERSHIP AND EDUCATION PAC)**

Mailing Address **777 106TH AVE NE  
PO BOX 1518**

City **BELLEVUE** State **WA** Zip Code **98009**

FEC ID number of contributing federal political committee. **C C00034355**

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  
**05 / 20 / 2014**

**Transaction ID : SA11C.107876**

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: PAGE 72 OF 154  
(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**

**A.** Full Name (Last, First, Middle Initial)  
**PERNOD RICARD USA, LLC POLITICAL ACTION COMMITTEE**

Mailing Address 100 MANHATTANVILLE ROAD

City State Zip Code  
PURCHASE NY 10577

FEC ID number of contributing federal political committee. **C C00380527**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 12 / 2014

**Transaction ID : SA11C.107752**

Amount of Each Receipt this Period  
1000.00

**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 12 / 2014

**Transaction ID : SA11C.107753**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**PROCTER GAMBLE CO GOOD GOV'T**

Mailing Address 1 PROCTER GAMBLE PLAZA

City State Zip Code  
CINCINNATI OH 45202

FEC ID number of contributing federal political committee. **C C00257329**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 15 / 2014

**Transaction ID : SA11C.107831**

Amount of Each Receipt this Period  
3000.00

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

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

6500.00

**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 154
	<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)  
**QUALCOMM INCORPORATED POLITICAL ACTION COMMITTEE (QPAC)**

Mailing Address 1730 PENNSYLVANIA AVE. NW  
SUITE 850

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00339085

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11C.108220**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1700 N. MOORE STREET  
SUITE 2250

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00112763

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11C.107535**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**RICELAND FOODS, INC. PAC**

Mailing Address P.O. BOX 927

City STUTTGART State AR Zip Code 72160

FEC ID number of contributing federal political committee. **C** C00220053

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  
 06 / 17 / 2014

**Transaction ID : SA11C.108134**

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 74 OF 154
	<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)  
**ROCKWELL COLLINS GOOD GOVERNMENT COMMITTEE PAC**

Mailing Address 1300 WILSON BLVD. STE. 200

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00365684**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11C.108149**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ROLLS-ROYCE NORTH AMERICA PAC**

Mailing Address 1875 EXPLORER STREET SUITE 200

City RESTON State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C C00296822**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11C.108179**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**SOUTHERN COMPANY EMPLOYEES PAC**

Mailing Address 601 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00144774**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2014

**Transaction ID : SA11C.107837**

Amount of Each Receipt this Period  
1500.00

**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 75 OF 154
	<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)  
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

**A.** Mailing Address **ONE STATE FARM PLAZA**  
**C/O MARK SCHWAMBERGER, TREASURER.**  
City State Zip Code  
**BLOOMINGTON IL 61710**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 06 2014**  
**Transaction ID : SA11C.107563**

FEC ID number of contributing federal political committee. **C C00544817**  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**2500.00**

Amount of Each Receipt this Period  
**2500.00**

Full Name (Last, First, Middle Initial)  
TEXAS INSTRUMENTS INCORPORATED POLITICAL ACTION COMMITTEE (TI PAC)

**B.** Mailing Address **PO BOX 742496**  
City State Zip Code  
**DALLAS TX 75374**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 17 2014**  
**Transaction ID : SA11C.108128**

FEC ID number of contributing federal political committee. **C C00007070**  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**1000.00**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
TEXTRON INC. PAC

**C.** Mailing Address **PO BOX 878**  
City State Zip Code  
**PROVIDENCE RI 02901**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 30 2014**  
**Transaction ID : SA11C.108229**

FEC ID number of contributing federal political committee. **C C00123612**  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**7500.00**

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 76 OF 154
	<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)  
THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address PO BOX 1734

City ATLANTA State GA Zip Code 30301

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11C.107749**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
THE HOME DEPOT INC. PAC

Mailing Address 101 CONSTITUTION AVE NW  
SUITE 800 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11C.108129**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
THE TRAVELERS COMPANIES INC. PAC

Mailing Address ONE TOWER SQUARE

City HARTFORD State CT Zip Code 06183

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11C.107754**

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: PAGE 77 OF 154  
(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)  
**TOYOTA MOTOR NORTH AMERICA INC PAC AKA TOYOTA/LEXUS PAC**

Mailing Address 601 THIRTEENTH STREET NW  
STE 910 S

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00542365**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11C.108230**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE**

Mailing Address THREE PARK PLACE

City State Zip Code  
ANNAPOLIS MD 21401

FEC ID number of contributing federal political committee. **C C00012476**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2014

**Transaction ID : SA11C.107709**

Amount of Each Receipt this Period  
2500.00

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

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11C.108182**

Amount of Each Receipt this Period  
2000.00

**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 78 OF 154
	<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 TECHNOLOGIES CORP PAC**

Mailing Address 1101 PENNSYLVANIA AVE NW 10TH FLOOR

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : SA11C.108062**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**UNITED TECHNOLOGIES CORP PAC**

Mailing Address 1101 PENNSYLVANIA AVE NW 10TH FLOOR

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11C.108150**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SUITE 225, NORTH TOWER

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11C.107708**

Amount of Each Receipt this Period  
5000.00

**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 79 OF 154
	<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)  
**VALERO PAC**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SUITE 900, NORTH BUILDING

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00109546**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11C.107890**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address PO BOX 70002

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C C00369660**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11C.107870**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**VRIDE POLITICAL ACTION COMMITTEE (VRIDE PAC)**

Mailing Address 1220 RANKIN DRIVE

City TROY State MI Zip Code 48083

FEC ID number of contributing federal political committee. **C C00489096**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11C.107869**

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 80 OF 154
	<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)  
**VULCAN MATERIALS COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 385014

City State Zip Code  
BIRMINGHAM AL 35238

FEC ID number of contributing federal political committee. **C** C00116020

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2014

**Transaction ID : SA11C.108130**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**WALMART STORES INC. PAC**

Mailing Address 702 8TH ST SW

City State Zip Code  
BENTONVILLE AR 72716

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : SA11C.107954**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**WINE SPIRITS WHOLESALERS OF AMERICA**

Mailing Address 805 15TH ST NW SUITE 430

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : SA11C.107871**

Amount of Each Receipt this Period  
1500.00

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

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

4500.00

188515.91



**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 82 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 112.50 <b>Transaction ID : SB17.107712</b>
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL EXPENSES	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>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 7.00 <b>Transaction ID : SB17.107946</b>
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL EXPENSES	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>C. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 11634.13 <b>Transaction ID : SB17.107882</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11753.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 119.50 <b>Transaction ID : SB17.108235</b>
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL EXPENSES	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>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 901.29 <b>Transaction ID : SB17.108157</b>
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>C. KRISTIN ALCALDE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 12640 DUSTY WHEEL LANE		Amount of Each Disbursement this Period 784.85 <b>Transaction ID : SB17.107926</b>
City FAIRFAX	State VA	
Zip Code 22033	Purpose of Disbursement MILEAGE REIMBURSEMENT	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1805.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. KRISTIN ALCALDE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 12640 DUSTY WHEEL LANE			Amount of Each Disbursement this Period 104.86	
City FAIRFAX	State VA	Zip Code 22033	Transaction ID : SB17.107927	
Purpose of Disbursement SEE BELOW		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>B. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address PO BOX 15026			Amount of Each Disbursement this Period 44.37	
City ALBANY	State NY	Zip Code 12212	Transaction ID : SB17.107928	
Purpose of Disbursement CELL PHONE		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:			

Full Name (Last, First, Middle Initial) <b>C. DOLLAR GENERAL</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 904 BLAIR ST			Amount of Each Disbursement this Period 55.50	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Transaction ID : SB17.107930	
Purpose of Disbursement OFFICE SUPPLIES		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	104.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 154
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. KRISTIN ALCALDE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 12640 DUSTY WHEEL LANE		Amount of Each Disbursement this Period 1621.12 <b>Transaction ID : SB17.107877</b>
City FAIRFAX	State VA	
Zip Code 22033	Purpose of Disbursement 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) <b>B. KRISTIN ALCALDE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 12640 DUSTY WHEEL LANE		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.108109</b>
City FAIRFAX	State VA	
Zip Code 22033	Purpose of Disbursement 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) <b>C. KRISTIN ALCALDE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 12640 DUSTY WHEEL LANE		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.108117</b>
City FAIRFAX	State VA	
Zip Code 22033	Purpose of Disbursement 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4621.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. NICO ALCALDE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 12640 DUSTY WHEEL LANE		Amount of Each Disbursement this Period 358.05 <b>Transaction ID : SB17.107932</b>
City FAIRFAX	State VA	
Zip Code 22033	Purpose of Disbursement MILEAGE REIMBURSEMENT	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>B. ALTOONA MIRROR</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address PO BOX 2008 301 CAYUGA AVE		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.107846</b>
City ALTOONA	State PA	
Zip Code 16603	Purpose of Disbursement ADVERTISING	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>C. AMERICAN COAL CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 6320 N. MAIN		Amount of Each Disbursement this Period 2362.50 <b>Transaction ID : SB17.107713</b>
City HARRISBURG	State IL	
Zip Code 62946	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2970.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 7.95	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.107549	
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>B. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 107.53	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.107554	
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>C. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 24361.67	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.107714	
Purpose of Disbursement SEE BELOW		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24477.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 400 N CAPITOL STREET NW		Amount of Each Disbursement this Period 486.00
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.107766 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIR LINES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1030 DELTA BOULEVARD		Amount of Each Disbursement this Period 477.00
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE 001 Category/Type	
Candidate Name		Transaction ID : SB17.107767 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE WESTIN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1114 WASHINGTON BOULEVARD		Amount of Each Disbursement this Period 629.37
City DETROIT State MI Zip Code 48226	Purpose of Disbursement LODGING 001 Category/Type	
Candidate Name		Transaction ID : SB17.107768 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. LANDINI BROTHERS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014		
Mailing Address 115 KING STREET			Amount of Each Disbursement this Period 2048.07		
City ALEXANDIRA	State VA	Zip Code 22314	Transaction ID : SB17.107769  [MEMO ITEM]		
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>B. JETBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014		
Mailing Address 118-29 QUEENS BLVD.			Amount of Each Disbursement this Period 514.00		
City FOREST HILLS	State NY	Zip Code 11375	Transaction ID : SB17.107770  [MEMO ITEM]		
Purpose of Disbursement AIRFARE		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>C. SHEETZ INC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014		
Mailing Address 5700 SIXTH AVENUE			Amount of Each Disbursement this Period 185.93		
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.107771  [MEMO ITEM]		
Purpose of Disbursement FUEL		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: _____				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 300 FIRST STREET SE			Amount of Each Disbursement this Period 80.17
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.107773  [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>B. UBER TECHNOLOGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 800 MARKET STREET 7TH FLOOR			Amount of Each Disbursement this Period 38.00
City SAN FRANCISCO	State CA	Zip Code 94115	
Purpose of Disbursement TRANSPORTATION		Category/ Type 001	Transaction ID : SB17.107774  [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>C. CAVA MEZZE CATERING</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 527 8TH STREET SE			Amount of Each Disbursement this Period 1737.97
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.107775  [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. LIMOS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2 EMBARCADERO CENTER STE. 1070		Amount of Each Disbursement this Period 412.80
City SAN FRANCISCO	State CA	
Zip Code 94111	Purpose of Disbursement TRANSPORTATION	Transaction ID : SB17.107777
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>B. ST. REGIS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1919 BRIAR OAKS LN		Amount of Each Disbursement this Period 834.70
City HOUSTON	State TX	
Zip Code 77027	Purpose of Disbursement LODGING	Transaction ID : SB17.107778
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>C. CATELLI DUO</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 12101 TOWN CENTER BLVD		Amount of Each Disbursement this Period 1380.29
City VOORHEES	State NJ	
Zip Code 08043	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.107779
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. PALM RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 6100 WESTHEIMER RD		Amount of Each Disbursement this Period 1411.01
City HOUSTON State TX Zip Code 77057	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.107780 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input 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>B. HOUSTONIAN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 111 N POST OAK LN		Amount of Each Disbursement this Period 2711.59
City HOUSTON State TX Zip Code 77024	Purpose of Disbursement LODGING	
Candidate Name		Transaction ID : SB17.107781 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input 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>C. HOTEL SORELLA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 901 W 48TH PL		Amount of Each Disbursement this Period 441.10
City KANSAS CITY State MO Zip Code 64112	Purpose of Disbursement LODGING	
Candidate Name		Transaction ID : SB17.107782 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input 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	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PERRY'S STEAKHOUSE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 14 W 7TH S			Amount of Each Disbursement this Period 1143.32	
City AUSTIN	State TX	Zip Code 78701	Transaction ID : SB17.107783	
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>B. ACQUA AL 2</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 212 7TH STREET SOUTHEAST			Amount of Each Disbursement this Period 681.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.107784	
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>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 525 ALLEGHENY STREET			Amount of Each Disbursement this Period 102.64	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Transaction ID : SB17.107785	
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:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 1143.59
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.107786 <b>[MEMO ITEM]</b>
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>B. BEST BUY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1721 OSGOOD DRIVE		Amount of Each Disbursement this Period 421.88
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement OFFICE EQUIPMENT 001 Category/Type	
Candidate Name		Transaction ID : SB17.107787 <b>[MEMO ITEM]</b>
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>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 35.00
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement CC TRANSACTION FEE 001 Category/Type	
Candidate Name		Transaction ID : SB17.107789 <b>[MEMO ITEM]</b>
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)	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 95 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 778.58	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.107790	
Purpose of Disbursement INTEREST		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>B. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address PO BOX 15026			Amount of Each Disbursement this Period 50.00	
City ALBANY	State NY	Zip Code 12212	Transaction ID : SB17.107792	
Purpose of Disbursement CELL PHONE		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>C. DUNKIN DONUTS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 3132 PLEASANT VALLEY BLVD			Amount of Each Disbursement this Period 138.22	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.107793	
Purpose of Disbursement MEETING EXPENSE		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: _____			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. WE THE PIZZA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 305 PENNSYLVANIA AVENUE SE		Amount of Each Disbursement this Period 121.02
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.107794  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BLACK DOG COFFEE &amp; CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 519 ALLEGHENY STREET		Amount of Each Disbursement this Period 85.66
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.107795  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. POTBELLY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1275 1ST STREET NE BLD 1 STE. J		Amount of Each Disbursement this Period 56.71
City WASHINTON State DC Zip Code 20002	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.107796  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. PALENQUE GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 7220 NE BOB BULLOCK LOOP #2		Amount of Each Disbursement this Period 1452.06
City LAREDO State TX Zip Code 78041	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.107797 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input 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>B. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1200 E ALGONQUIN ROAD		Amount of Each Disbursement this Period 114.99
City ELK GROVE VILLAGE State IL Zip Code 60007	Purpose of Disbursement AIRFARE	
Candidate Name		Transaction ID : SB17.107802 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input 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>C. LA POSADA HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1000 ZARAGOZA S		Amount of Each Disbursement this Period 291.02
City LAREDO State TX Zip Code 78040	Purpose of Disbursement LODGING	
Candidate Name		Transaction ID : SB17.107803 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input 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	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. PANERA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 156 FALON LANE		Amount of Each Disbursement this Period 82.67
City HOLLIDAYSBURG	State PA	
Purpose of Disbursement MEETING EXPENSE	Zip Code 16648	Transaction ID : SB17.107804
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>B. UNITED WAY OF LAUREL HIGHLANDS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 422 MAIN ST # 203		Amount of Each Disbursement this Period 450.00
City JOHNSTOWN	State PA	
Purpose of Disbursement EVENT TICKETS	Zip Code 15901	Transaction ID : SB17.107806
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>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO BOX 371461		Amount of Each Disbursement this Period 84.42
City PITTSBURGH	State PA	
Purpose of Disbursement SHIPPING	Zip Code 15250	Transaction ID : SB17.107807
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1 HACKER WAY		Amount of Each Disbursement this Period 673.85
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement ADVERTISING	Transaction ID : SB17.107808
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>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 211.51
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.107809
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>C. SHELL OIL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 10524 SHARPSBURG PIKE		Amount of Each Disbursement this Period 61.00
City HAGERSTOWN	State MD	
Zip Code 21740	Purpose of Disbursement FUEL	Transaction ID : SB17.107810
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. EXXON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 542 SOUTH CENTER STREET		Amount of Each Disbursement this Period 90.72
City EBENSBURG State PA Zip Code 15931	Purpose of Disbursement FUEL 001 Category/Type	
Candidate Name		Transaction ID : SB17.107811 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NORMANDY FARM HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1401 MORRIS RD		Amount of Each Disbursement this Period 838.00
City BLUE BELL State PA Zip Code 19422	Purpose of Disbursement LODGING 001 Category/Type	
Candidate Name		Transaction ID : SB17.107815 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 17569.36
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement SEE BELOW 001 Category/Type	
Candidate Name		Transaction ID : SB17.107758
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17569.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. EXECUTIVE VIP</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 1131 SE 2ND AVE		Amount of Each Disbursement this Period 448.80
City FT. LAUDERDALE	State FL	
Purpose of Disbursement TRANSPORTATION	Zip Code 33316	Transaction ID : SB17.108070 <b>[MEMO ITEM]</b>
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>B. HILTON HOTEL</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 1870 GRIFFIN ROAD		Amount of Each Disbursement this Period 1104.81
City DANIA	State FL	
Purpose of Disbursement LODGING	Zip Code 33004	Transaction ID : SB17.108071 <b>[MEMO ITEM]</b>
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>C. SCHNEIDERS OF CAPITOL HILL</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 300 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 229.06
City WASHINGTON	State DC	
Purpose of Disbursement MEETING EXPENSE	Zip Code 20002	Transaction ID : SB17.108072 <b>[MEMO ITEM]</b>
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. TAYLOR GOURMET</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 485 K ST NW		Amount of Each Disbursement this Period 683.76
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.108073
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>B. HOLIDAY INN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 1097 WAYNE AVENUE		Amount of Each Disbursement this Period 545.66
City CHAMBERSBURG	State PA	
Zip Code 17201	Purpose of Disbursement LODGING	Transaction ID : SB17.108074
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>C. CAPITOL HILL CLUB</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 300 FIRST STREET SE		Amount of Each Disbursement this Period 15.71
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.108075
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 154	
	<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. ORCHARD RESTAURANT**

Mailing Address 1580 ORCHARD DRIVE

City CHAMBERSBURG State PA Zip Code 17201

Purpose of Disbursement EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 15 / 2014

Amount of Each Disbursement this Period: 401.40

Transaction ID : SB17.108076

**[MEMO ITEM]**

Category/Type: 001

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

Mailing Address 4505 QUEENSBURY RD

City RIVERDALE PARK State MD Zip Code 20737

Purpose of Disbursement EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 15 / 2014

Amount of Each Disbursement this Period: 948.00

Transaction ID : SB17.108077

**[MEMO ITEM]**

Category/Type: 001

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

Mailing Address 1645 CORDOVA RD

City FT. LAUDERDALE State FL Zip Code 33316

Purpose of Disbursement EVENT SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 15 / 2014

Amount of Each Disbursement this Period: 204.75

Transaction ID : SB17.108079

**[MEMO ITEM]**

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 104 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. CAVA MEZZE CATERING</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 527 8TH STREET SE			Amount of Each Disbursement this Period 1950.00
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	<b>Transaction ID : SB17.108080</b>  <b>[MEMO ITEM]</b>
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>B. OMNI HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 676 NORTH MICHIGAN AVENUE			Amount of Each Disbursement this Period 1131.56
City CHICAGO	State IL	Zip Code 60611	
Purpose of Disbursement LODGING		Category/ Type 001	<b>Transaction ID : SB17.108081</b>  <b>[MEMO ITEM]</b>
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>C. FOUR POINTS HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1123 LINCOLN WAY EAST			Amount of Each Disbursement this Period 1721.11
City CHAMBERSBURG	State PA	Zip Code 17201	
Purpose of Disbursement LODGING		Category/ Type 001	<b>Transaction ID : SB17.108083</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. SHEETZ INC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 737.53
City ALTOONA	State PA Zip Code 16602	
Purpose of Disbursement FUEL	Candidate Name	Transaction ID : SB17.108085
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>B. COURTYARD BY MARRIOTT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 2 CONVENTION CENTER BLVD		Amount of Each Disbursement this Period 216.91
City ALTOONA	State PA Zip Code 16602	
Purpose of Disbursement LODGING	Candidate Name	Transaction ID : SB17.108086
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>C. HAMPTON INN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 180 CHARLOTTE DRIVE		Amount of Each Disbursement this Period 832.76
City ALTOONA	State PA Zip Code 16601	
Purpose of Disbursement LODGING	Candidate Name	Transaction ID : SB17.108087
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 1 HACKER WAY		Amount of Each Disbursement this Period 109.39
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement ADVERTISING	Transaction ID : SB17.108089 <b>[MEMO ITEM]</b>
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>B. LENA'S CAFE</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 2000 EIGHTH AVENUE		Amount of Each Disbursement this Period 428.39
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.108090 <b>[MEMO ITEM]</b>
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>C. GIANT EAGLE</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 516-520 W. PLANK ROAD		Amount of Each Disbursement this Period 146.90
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement EVENT SUPPLIES	Transaction ID : SB17.108091 <b>[MEMO ITEM]</b>
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 1108.13
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES 001	
Candidate Name		Transaction ID : SB17.108092 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BEST BUY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1721 OSGOOD DRIVE		Amount of Each Disbursement this Period 127.19
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement OFFICE EQUIPMENT 001	
Candidate Name		Transaction ID : SB17.108094 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 633.32
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement OFFICE SUPPLIES 001	
Candidate Name		Transaction ID : SB17.108095 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ROSALIE'S GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1901 SCOTLAND AVE		Amount of Each Disbursement this Period 205.93
City CHAMBERSBURG	State PA	
Zip Code 17201	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.108096
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>B. ALLEGHENY CREAMERY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 505 ALLEGHENY ST		Amount of Each Disbursement this Period 121.80
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.108097
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>C. FRONT STREET DELI</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 405 FRONT ST		Amount of Each Disbursement this Period 104.94
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.108098
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. AVIS RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 1100 FRANKLIN AVENUE		Amount of Each Disbursement this Period 299.87
City GARDEN CITY	State NY	
Zip Code 11530	Purpose of Disbursement CAR RENTAL	Transaction ID : SB17.108101 <b>[MEMO ITEM]</b>
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>B. WE THE PIZZA</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 305 PENNSYLVANIA AVENUE SE		Amount of Each Disbursement this Period 200.25
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.108102 <b>[MEMO ITEM]</b>
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>C. VERIZON</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 50.00
City ALBANY	State NY	
Zip Code 12212	Purpose of Disbursement CELL PHONE	Transaction ID : SB17.108103 <b>[MEMO ITEM]</b>
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. BLACK DOG COFFEE &amp; CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 519 ALLEGHENY STREET		Amount of Each Disbursement this Period 58.56
City HOLLIDAYSBURG	State PA	
Purpose of Disbursement MEETING EXPENSE	Zip Code 16648	Transaction ID : SB17.108104 <b>[MEMO ITEM]</b>
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>B. NAP PATTI BAR</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1033 PHILADELPHIA STREET		Amount of Each Disbursement this Period 707.56
City INDIANA	State PA	
Purpose of Disbursement EVENT CATERING	Zip Code 15701	Transaction ID : SB17.108105 <b>[MEMO ITEM]</b>
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>C. DUNKIN DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 3132 PLEASANT VALLEY BLVD		Amount of Each Disbursement this Period 54.20
City ALTOONA	State PA	
Purpose of Disbursement MEETING EXPENSE	Zip Code 16602	Transaction ID : SB17.108106 <b>[MEMO ITEM]</b>
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 7.95	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.108236	
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>B. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 289.75	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.108237	
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>C. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address PO BOX 9001309			Amount of Each Disbursement this Period 3186.30	
City LOUISVILLE	State KY	Zip Code 40290	Transaction ID : SB17.107847	
Purpose of Disbursement EVENT FACILITY RENTAL		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3484.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ATLANTIC BROADBAND</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address BOX 371801		Amount of Each Disbursement this Period 326.60 <b>Transaction ID : SB17.107848</b>
City PITTSBURGH	State PA	
Zip Code 15250	Purpose of Disbursement INTERNET	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>B. ATLANTIC BROADBAND</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address BOX 371801		Amount of Each Disbursement this Period 326.18 <b>Transaction ID : SB17.108063</b>
City PITTSBURGH	State PA	
Zip Code 15250	Purpose of Disbursement INTERNET	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>C. CONNOR BARROWS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 2 ORCHARD RD.		Amount of Each Disbursement this Period 1753.44 <b>Transaction ID : SB17.107905</b>
City WASHINGTON CROSSIN	State PA	
Zip Code 18977	Purpose of Disbursement MILEAGE REIMBURSEMENT	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2406.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CONNOR BARROWS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 2 ORCHARD RD.		Amount of Each Disbursement this Period 350.91 <b>Transaction ID : SB17.107906</b>
City WASHINGTON CROSSIN	State PA	
Zip Code 18977	Purpose of Disbursement SEE BELOW	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>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 118.21 <b>Transaction ID : SB17.107907</b> <b>[MEMO ITEM]</b>
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES	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>C. CONNOR BARROWS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 2 ORCHARD RD.		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.108111</b>
City WASHINGTON CROSSIN	State PA	
Zip Code 18977	Purpose of Disbursement FIELD 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2350.91
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CONNOR BARROWS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 2 ORCHARD RD.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.108118</b>
City WASHINGTON CROSSIN	State PA	
Zip Code 18977	Purpose of Disbursement FIELD 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) <b>B. BEDFORD CO REPUBLICAN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address C/O THOMAS GRANCE, TREASURER 157 EAST FIRST AVENUE		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.107715</b>
City EVERETT	State PA	
Zip Code 15537	Purpose of Disbursement EVENT TICKETS	Category/ Type 001
Candidate Name <b>BEDFORD CO REPUBLICAN COMMITTEE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JAMIE B BIONDI</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 4676A 36TH ST. SOUTH		Amount of Each Disbursement this Period 229.60 <b>Transaction ID : SB17.107732</b>
City ARLINGTON	State VA	
Zip Code 22206	Purpose of Disbursement MILEAGE REIMBURSEMENT	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1729.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. JAMIE B BIONDI</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 4676A 36TH ST. SOUTH			Amount of Each Disbursement this Period 434.00	
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SB17.107918	
Purpose of Disbursement MILEAGE REIMBURSEMENT		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>B. JAMIE B BIONDI</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 4676A 36TH ST. SOUTH			Amount of Each Disbursement this Period 22.39	
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SB17.107919	
Purpose of Disbursement SEE BELOW		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>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 525 ALLEGHENY STREET			Amount of Each Disbursement this Period 22.39	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Transaction ID : SB17.107920	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	456.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. BLAIR COUNTY CONVENTION CENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address ONE CONVENTION CENTER DR.		Amount of Each Disbursement this Period 4978.13 <b>Transaction ID : SB17.107896</b>
City ALTOONA State PA Zip Code 16602	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>B. ERIC BURGESON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2403 N. UTAH ST.		Amount of Each Disbursement this Period 446.32 <b>Transaction ID : SB17.107727</b>
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement MILEAGE REIMBURSEMENT 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>C. ERIC BURGESON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2403 N. UTAH ST.		Amount of Each Disbursement this Period 116.84 <b>Transaction ID : SB17.107728</b>
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement SEE BELOW 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5541.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 116.84
City ALBANY State NY Zip Code 12212	Purpose of Disbursement CELL PHONE Category/Type 001	
Candidate Name		Transaction ID : SB17.107729 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ERIC BURGESSON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2403 N. UTAH ST.		Amount of Each Disbursement this Period 448.56
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement MILEAGE REIMBURSEMENT Category/Type 001	
Candidate Name		Transaction ID : SB17.107849
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ERIC BURGESSON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2403 N. UTAH ST.		Amount of Each Disbursement this Period 116.84
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement SEE BELOW Category/Type 001	
Candidate Name		Transaction ID : SB17.107850
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	565.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>			Date of Disbursement MM / DD / YYYY 05 / 21 / 2014
Mailing Address PO BOX 15026			Amount of Each Disbursement this Period 511.11
City ALBANY	State NY	Zip Code 12212	
Purpose of Disbursement CELL PHONE		Category/ Type 001	Transaction ID : SB17.107851  [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>B. ERIC BURGESSON</b>			Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 2403 N. UTAH ST.			Amount of Each Disbursement this Period 324.24
City ARLINGTON	State VA	Zip Code 22207	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 001	Transaction ID : SB17.108056
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>C. ERIC BURGESSON</b>			Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 2403 N. UTAH ST.			Amount of Each Disbursement this Period 186.87
City ARLINGTON	State VA	Zip Code 22207	
Purpose of Disbursement SEE BELOW		Category/ Type 001	Transaction ID : SB17.108142
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	511.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 186.87
City ALBANY State NY Zip Code 12212	Purpose of Disbursement CELL PHONE	
Candidate Name	Category/Type 001	Transaction ID : SB17.108143  [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>B. LARRY CASSAR</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 296 SOUTH 7TH ST.		Amount of Each Disbursement this Period 1000.00
City INDIANA State PA Zip Code 15701	Purpose of Disbursement DRIVING SERVICES	
Candidate Name	Category/Type 001	Transaction ID : SB17.108112
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>C. LAURENCE CASSAR</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 601 ALLEGHENY ST. APT. 2		Amount of Each Disbursement this Period 770.55
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name	Category/Type 001	Transaction ID : SB17.107931
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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1770.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. LAURENCE CASSAR</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 601 ALLEGHENY ST. APT. 2			Amount of Each Disbursement this Period 1990.60	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Transaction ID : SB17.108158	
Purpose of Disbursement 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) <b>B. JOSHUA CHUMRIK</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 982 WINTERSET RD.			Amount of Each Disbursement this Period 439.45	
City EBENSBURG	State PA	Zip Code 15931	Transaction ID : SB17.107923	
Purpose of Disbursement MILEAGE REIMBURSEMENT		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>C. JOSHUA CHUMRIK</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 982 WINTERSET RD.			Amount of Each Disbursement this Period 1000.00	
City EBENSBURG	State PA	Zip Code 15931	Transaction ID : SB17.107924	
Purpose of Disbursement FIELD 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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3430.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 223.62 <b>Transaction ID : SB17.107553</b>
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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 423.75 <b>Transaction ID : SB17.107945</b>
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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 208.37 <b>Transaction ID : SB17.108238</b>
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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	855.74
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. CASEY CONTRES</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014		
Mailing Address 2213 7TH AVE APT. A			Amount of Each Disbursement this Period 555.54		
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.107899		
Purpose of Disbursement MILEAGE REIMBURSEMENT		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>B. CASEY CONTRES</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014		
Mailing Address 2213 7TH AVE APT. A			Amount of Each Disbursement this Period 772.67		
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.107900		
Purpose of Disbursement SEE BELOW		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>C. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014		
Mailing Address PO BOX 15026			Amount of Each Disbursement this Period 674.76		
City ALBANY	State NY	Zip Code 12212	Transaction ID : SB17.107901		
Purpose of Disbursement CELL PHONE		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1328.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 45.96
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type 001	Transaction ID : SB17.107903  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CASEY CONTRES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 2213 7TH AVE APT. A		Amount of Each Disbursement this Period 2244.40
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement SALARY	
Candidate Name	Category/Type 001	Transaction ID : SB17.107878
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CASEY CONTRES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 2213 7TH AVE APT. A		Amount of Each Disbursement this Period 6000.00
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement SALARY	
Candidate Name	Category/Type 001	Transaction ID : SB17.108108
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8244.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. JOHN DAVIS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 229 DEWEY ST.		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.107921</b>
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement DRIVING SERVICES 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>B. JOHN DAVIS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 229 DEWEY ST.		Amount of Each Disbursement this Period 23.30 <b>Transaction ID : SB17.107922</b>
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement TOLL REIMBURSEMENT 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>C. JOHN DAVIS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 229 DEWEY ST.		Amount of Each Disbursement this Period 322.50 <b>Transaction ID : SB17.107947</b>
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement DRIVING SERVICES 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	945.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 154	
	<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**

<b>A. DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE</b> Full Name (Last, First, Middle Initial) Mailing Address 801 MAIN AVENUE		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
City NORWALK State CT Zip Code 06851 Purpose of Disbursement IN-KIND:EVENT CATERING Candidate Name DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION 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:	Amount of Each Disbursement this Period 1015.91 <b>Transaction ID : SB17.107822</b>	Category/ Type

<b>B. ELECTEKUSA</b> Full Name (Last, First, Middle Initial) Mailing Address PO BOX 23715		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
City CHAGRIN FALLS State OH Zip Code 44023 Purpose of Disbursement SOFTWARE 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:	Amount of Each Disbursement this Period 2328.01 <b>Transaction ID : SB17.107720</b>	Category/ Type 001

<b>C. ELECTEKUSA</b> Full Name (Last, First, Middle Initial) Mailing Address PO BOX 23715		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
City CHAGRIN FALLS State OH Zip Code 44023 Purpose of Disbursement SOFTWARE 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:	Amount of Each Disbursement this Period 2429.85 <b>Transaction ID : SB17.108067</b>	Category/ Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5773.77
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. EPIPHANY PRODUCTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014		
Mailing Address 104 HUME AVE			Amount of Each Disbursement this Period 5000.00		
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : SB17.107721		
Purpose of Disbursement FUNDRAISING CONSULTING		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>B. EPIPHANY PRODUCTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014		
Mailing Address 104 HUME AVE			Amount of Each Disbursement this Period 1871.41		
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : SB17.107722		
Purpose of Disbursement SEE BELOW		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>C. FEDEX</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014		
Mailing Address PO BOX 371461			Amount of Each Disbursement this Period 148.19		
City PITTSBURGH	State PA	Zip Code 15250	Transaction ID : SB17.107723		
Purpose of Disbursement SHIPPING		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6871.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1200 E ALGONQUIN ROAD		Amount of Each Disbursement this Period 590.00
City ELK GROVE VILLAGE State IL Zip Code 60007	Purpose of Disbursement AIRFARE 001 Category/Type	
Candidate Name		Transaction ID : SB17.107724 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO BOX 619612 MD 2400		Amount of Each Disbursement this Period 586.92
City DALLAS State TX Zip Code 75261	Purpose of Disbursement AIRFARE 001 Category/Type	
Candidate Name		Transaction ID : SB17.107725 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HILTON HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1870 GRIFFIN ROAD		Amount of Each Disbursement this Period 546.30
City DANIA State FL Zip Code 33004	Purpose of Disbursement LODGING 001 Category/Type	
Candidate Name		Transaction ID : SB17.107726 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. EPIPHANY PRODUCTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 104 HUME AVE		Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA	State VA Zip Code 22301	
Purpose of Disbursement FUNDRAISING CONSULTING	Category/Type 001	<b>Transaction ID : SB17.107912</b>
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>B. EPIPHANY PRODUCTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 104 HUME AVE		Amount of Each Disbursement this Period 680.01
City ALEXANDRIA	State VA Zip Code 22301	
Purpose of Disbursement SEE BELOW	Category/Type 001	<b>Transaction ID : SB17.107913</b>
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>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 525 ALLEGHENY STREET		Amount of Each Disbursement this Period 294.00
City HOLLIDAYSBURG	State PA Zip Code 16648	
Purpose of Disbursement POSTAGE	Category/Type 001	<b>Transaction ID : SB17.107914</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5680.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PO BOX 371461		Amount of Each Disbursement this Period 186.01
City PITTSBURGH	State PA	
Zip Code 15250	Purpose of Disbursement SHIPPING	Transaction ID : <b>SB17.107915</b>
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>B. FAST INK SCREEN PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 17 S. MAIN ST.		Amount of Each Disbursement this Period 815.00
City MERCERSBURG	State PA	
Zip Code 17236	Purpose of Disbursement PRINTING	Transaction ID : <b>SB17.107731</b>
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>C. FAST INK SCREEN PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 17 S. MAIN ST.		Amount of Each Disbursement this Period 826.25
City MERCERSBURG	State PA	
Zip Code 17236	Purpose of Disbursement PRINTING	Transaction ID : <b>SB17.108113</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1641.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. FIRST COMMONWEALTH BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address CREDIT CARD DEPT PO BOX 0537		Amount of Each Disbursement this Period 15.00
City INDIANA State PA Zip Code 15701	Purpose of Disbursement ANNUAL FEE	
Candidate Name	Category/Type 001	Transaction ID : SB17.107852
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>B. FIRST COMMONWEALTH BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address CREDIT CARD DEPT PO BOX 0537		Amount of Each Disbursement this Period 288.28
City INDIANA State PA Zip Code 15701	Purpose of Disbursement SEE BELOW	
Candidate Name	Category/Type 001	Transaction ID : SB17.107863
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>C. TWITTER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 1355 MARKET STREET		Amount of Each Disbursement this Period 73.96
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement ADVERTISING	
Candidate Name	Category/Type 001	Transaction ID : SB17.107864 <b>[MEMO ITEM]</b>
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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	303.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 131 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. DONUT CONNECTION</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 1411 BLAIR ST.		Amount of Each Disbursement this Period 108.10
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.107865
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>B. SHEETZ INC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 69.83
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement FUEL	Transaction ID : SB17.107866
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>C. FRANKLIN CO REPUBLICAN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address SUITE 293 SOUTH GATE MALL		Amount of Each Disbursement this Period 780.00
City CHAMBERSBURG	State PA	
Zip Code 17201	Purpose of Disbursement EVENT TICKETS	Transaction ID : SB17.107853
Candidate Name <b>FRANKLIN CO REPUBLICAN COMMITTEE</b>	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	780.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. BRENT GATES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 310 PENN STREET SUITE 200		Amount of Each Disbursement this Period 28.00
City HOLLIDAYSBURG	State PA Zip Code 16648	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type 001	<b>Transaction ID : SB17.107897</b>
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>B. WASH GERVAIS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 980 CHEMIN DE CHAMBLY		Amount of Each Disbursement this Period 500.00
City LONEGUEIL, WC, CAN	State Zip Code	
Purpose of Disbursement FIELD CONSULTING	Category/Type 001	<b>Transaction ID : SB17.107942</b>
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>C. GIRLS NIGHT OUT ALTOONA INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 1404 BRETON CIRCLE		Amount of Each Disbursement this Period 400.00
City BOALSBURG	State PA Zip Code 16827	
Purpose of Disbursement EVENT TICKETS	Category/Type 001	<b>Transaction ID : SB17.108058</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	928.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. INDIANA COUNTY FOP #33</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PO BOX 142			Amount of Each Disbursement this Period 127.50 <b>Transaction ID : SB17.107917</b>
City INDIANA	State PA	Zip Code 15701	
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>B. JHZ CONSULTING</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address PO BOX 412			Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.107854</b>
City HARRISBURG	State PA	Zip Code 17108	
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) <b>C. JHZ CONSULTING</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address PO BOX 412			Amount of Each Disbursement this Period 1866.30 <b>Transaction ID : SB17.107855</b>
City HARRISBURG	State PA	Zip Code 17108	
Purpose of Disbursement SEE BELOW		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5993.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. HILTON HARRISBURG AND TOWERS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address ONE NORTH SECOND STREET			Amount of Each Disbursement this Period 1317.00
City HARRISBURG	State PA	Zip Code 17101	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.107856  [MEMO ITEM]
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. SEVEN SPRINGS MOUNTAIN RESORT</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 777 WATERWHEEL DRIVE			Amount of Each Disbursement this Period 549.30
City CHAMPION	State PA	Zip Code 15622	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.107857  [MEMO ITEM]
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. JHZ CONSULTING</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO BOX 412			Amount of Each Disbursement this Period 4000.00
City HARRISBURG	State PA	Zip Code 17108	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	Transaction ID : SB17.108114
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 135 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. JHZ CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO BOX 412		Amount of Each Disbursement this Period 448.54
City HARRISBURG	State PA	
Zip Code 17108	Purpose of Disbursement SEE BELOW	Transaction ID : SB17.108115
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>B. COPPER KETTLE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 94 PEABODY STREET		Amount of Each Disbursement this Period 362.24
City NASHVILLE	State TN	
Zip Code 37210	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.108116
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>C. MR. SEAN JOYCE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1301 ALLEGHENY STREET		Amount of Each Disbursement this Period 2930.48
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.107934
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3379.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. MR. SEAN JOYCE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address 1301 ALLEGHENY STREET			Amount of Each Disbursement this Period 12829.36	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Transaction ID : SB17.107879	
Purpose of Disbursement 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) <b>B. JOSEPH H. KIMMITT</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 1706 FOREST LANE			Amount of Each Disbursement this Period 824.40	
City MCLEAN	State VA	Zip Code 22101	Transaction ID : SB17.108120	
Purpose of Disbursement IN-KIND:EVENT CATERING		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>C. ALLYSON LINK</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 873 LANSBERRY CT.			Amount of Each Disbursement this Period 1000.00	
City SOMERSET	State PA	Zip Code 15501	Transaction ID : SB17.107894	
Purpose of Disbursement FIELD 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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14653.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. ALLYSON LINK</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 873 LANSBERRY CT.			Amount of Each Disbursement this Period 446.60	
City SOMERSET	State PA	Zip Code 15501	Transaction ID : SB17.107895	
Purpose of Disbursement MILEAGE REIMBURSEMENT		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>B. SEAN MCCORT</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 2213 7TH AVE FLOOR 1			Amount of Each Disbursement this Period 1056.55	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.107935	
Purpose of Disbursement MILEAGE REIMBURSEMENT		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>C. SEAN MCCORT</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 2213 7TH AVE FLOOR 1			Amount of Each Disbursement this Period 242.79	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.107936	
Purpose of Disbursement SEE BELOW		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1745.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. PAPA JOHN'S PIZZA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 3014 PLEASANT VALLEY BLVD		Amount of Each Disbursement this Period 89.87
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name		Transaction ID : SB17.107937 <b>[MEMO ITEM]</b>
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>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 120.60
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.107938 <b>[MEMO ITEM]</b>
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>C. SEAN MCCORT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 2213 7TH AVE FLOOR 1		Amount of Each Disbursement this Period 2003.10
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement SALARY 001 Category/Type	
Candidate Name		Transaction ID : SB17.107880
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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2003.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 139 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. SEAN MCCORT</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 2213 7TH AVE FLOOR 1		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.108110</b>
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement 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>B. COLIN MCCUNE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 702 N. PIEDMONT ST.		Amount of Each Disbursement this Period 491.12 <b>Transaction ID : SB17.107904</b>
City ARLINGTON State PA Zip Code 22203	Purpose of Disbursement MILEAGE REIMBURSEMENT 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>C. COLIN MCCUNE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 702 N. PIEDMONT ST.		Amount of Each Disbursement this Period 136.64 <b>Transaction ID : SB17.108141</b>
City ARLINGTON State PA Zip Code 22203	Purpose of Disbursement MILEAGE REIMBURSEMENT 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1627.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. MCGUIREWOODS LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 2001 K STREET NW STE. 400			Amount of Each Disbursement this Period 472.00	
City WASHINGTON	State DC	Zip Code 20006	Transaction ID : <b>SB17.107733</b>	
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>B. MCGUIREWOODS LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 2001 K STREET NW STE. 400			Amount of Each Disbursement this Period 1000.00	
City WASHINGTON	State DC	Zip Code 20006	Transaction ID : <b>SB17.107858</b>	
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>C. MS. JENNIFER MEARKLE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address 3022 BROAD AVE			Amount of Each Disbursement this Period 171.18	
City ALTOONA	State PA	Zip Code 16601	Transaction ID : <b>SB17.107881</b>	
Purpose of Disbursement 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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1643.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. O.K. STUCKEY AND SON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 1800 EIGHTH AVENUE			Amount of Each Disbursement this Period 322.39	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.107933	
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>B. ROGER OSBAUGH</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205			Amount of Each Disbursement this Period 49.98	
City WAYNESBORO	State PA	Zip Code 17268	Transaction ID : SB17.107737	
Purpose of Disbursement MILEAGE REIMBURSEMENT		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>C. PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 144 2ND ST. 1ST FLOOR			Amount of Each Disbursement this Period 23.63	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.107944	
Purpose of Disbursement CC TRANSACTION 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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	396.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 45.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	<b>Transaction ID : SB17.108161</b>
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>B. POOLHOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 3126 W. CARY ST. STE. 410		Amount of Each Disbursement this Period 16950.00
City RICHMOND	State VA	
Zip Code 23221	Purpose of Disbursement ADVERTISING	<b>Transaction ID : SB17.107859</b>
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>C. POOLHOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 3126 W. CARY ST. STE. 410		Amount of Each Disbursement this Period 35877.70
City RICHMOND	State VA	
Zip Code 23221	Purpose of Disbursement ADVERTISING	<b>Transaction ID : SB17.108057</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	52872.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. BRITTANY PSYHOGIOS-SMITH</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 700 S. COURTHOUSE RD. #404			Amount of Each Disbursement this Period 231.28	
City ARLINGTON	State VA	Zip Code 22204	Transaction ID : <b>SB17.107898</b>	
Purpose of Disbursement MILEAGE REIMBURSEMENT		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>B. RED MAVERICK MEDIA LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 401 N. SECOND STREET			Amount of Each Disbursement this Period 134127.00	
City HARRISBURG	State PA	Zip Code 17101	Transaction ID : <b>SB17.107551</b>	
Purpose of Disbursement MEDIA BUY		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>C. RED MAVERICK MEDIA LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 401 N. SECOND STREET			Amount of Each Disbursement this Period 147160.00	
City HARRISBURG	State PA	Zip Code 17101	Transaction ID : <b>SB17.107556</b>	
Purpose of Disbursement MEDIA BUY		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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	281518.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 144 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. RED MAVERICK MEDIA LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 401 N. SECOND STREET			Amount of Each Disbursement this Period 42479.35	
City HARRISBURG	State PA	Zip Code 17101	Transaction ID : SB17.107735	
Purpose of Disbursement DIRECT MAIL PRODUCTION		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>B. RED MAVERICK MEDIA LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 401 N. SECOND STREET			Amount of Each Disbursement this Period 182621.85	
City HARRISBURG	State PA	Zip Code 17101	Transaction ID : SB17.107867	
Purpose of Disbursement DIRECT MAIL PRODUCTION		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>C. RED MAVERICK MEDIA LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address 401 N. SECOND STREET			Amount of Each Disbursement this Period 16041.95	
City HARRISBURG	State PA	Zip Code 17101	Transaction ID : SB17.108144	
Purpose of Disbursement MEDIA BUY		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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	241143.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 145 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ROARING SPRING BOTTLING</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO BOX 97		Amount of Each Disbursement this Period 63.07
City ROARING SPRINGS	State PA	
Zip Code 16673	Purpose of Disbursement BOTTLED WATER	<b>Transaction ID : SB17.107736</b>
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>B. S&amp;T BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 50.00
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement BANK FEES	<b>Transaction ID : SB17.107548</b>
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>C. S&amp;T BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 25.00
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement BANK FEES	<b>Transaction ID : SB17.107550</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	138.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 146 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. S&amp;T BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.107552</b>
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>B. S&amp;T BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.107555</b>
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>C. S&amp;T BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 1100 LOGAN BLVD		Amount of Each Disbursement this Period 80.00 <b>Transaction ID : SB17.108234</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	135.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. DIANA SCHALL</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 1557 ELIZABETH DR.			Amount of Each Disbursement this Period 500.00	
City CHAMBERSBURG	State PA	Zip Code 17201	Transaction ID : SB17.107911	
Purpose of Disbursement FIELD CONSULTING		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>B. WILLIAM SHUSTER</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 455 OVERLOOK DR.			Amount of Each Disbursement this Period 248.94	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Transaction ID : SB17.107717	
Purpose of Disbursement SEE BELOW		001 Category/ Type		
Candidate Name <b>WILLIAM SHUSTER</b>				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PA District: 09				

Full Name (Last, First, Middle Initial) <b>C. HOLIDAY INN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 1097 WAYNE AVENUE			Amount of Each Disbursement this Period 168.94	
City CHAMBERSBURG	State PA	Zip Code 17201	Transaction ID : SB17.107718	
Purpose of Disbursement LODGING		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	748.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 154			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM SHUSTER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 455 OVERLOOK DR		Amount of Each Disbursement this Period 7.00 <b>Transaction ID : SB17.108139</b>
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement SEE BELOW	Category/ Type 001
Candidate Name <b>WILLIAM SHUSTER</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 09	

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 400 N CAPITOL STREET NW		Amount of Each Disbursement this Period 7.00 <b>Transaction ID : SB17.108140</b> <b>[MEMO ITEM]</b>
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:	

Full Name (Last, First, Middle Initial) <b>C. TOMMY D SMITH</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 114 OAK RIDGE DR.		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.107940</b>
City ROARING SPRING	State PA	
Zip Code 16673	Purpose of Disbursement SEE BELOW	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 149 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. SHEETZ INC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 694.45
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement FUEL	
Candidate Name	Category/Type 001	Transaction ID : SB17.107941 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SOMERSET CO REPUBLICAN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address PO BOX 401		Amount of Each Disbursement this Period 250.00
City SOMERSET State PA Zip Code 15501	Purpose of Disbursement EVENT TICKETS	
Candidate Name	Category/Type 001	Transaction ID : SB17.107757
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STATE FARM INSURANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 715 LEXINGTON AVENUE		Amount of Each Disbursement this Period 444.45
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement INSURANCE	
Candidate Name	Category/Type 001	Transaction ID : SB17.107860
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	694.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. STEVE CLARK ADVERTISING</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 3809 KETTLE ROAD		Amount of Each Disbursement this Period 11528.54
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement ADVERTISING 001 Category/Type	
Candidate Name		Transaction ID : SB17.107756
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE TARRANCE GROUP, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 201 NORTH UNION STREET SUITE 410		Amount of Each Disbursement this Period 19077.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLLING 001 Category/Type	
Candidate Name		Transaction ID : SB17.107738
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE TARRANCE GROUP, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 201 NORTH UNION STREET SUITE 410		Amount of Each Disbursement this Period 14196.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLLING 001 Category/Type	
Candidate Name		Transaction ID : SB17.107820
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44801.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 OF 154	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. TUSCARORA AREA CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 19 NORTH MAIN STREET PO BOX 161			Amount of Each Disbursement this Period 90.00	
City MERCERSBURG	State PA	Zip Code 17236	Transaction ID : SB17.107739	
Purpose of Disbursement EVENT TICKETS		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>B. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address PO BOX 15026			Amount of Each Disbursement this Period 1196.22	
City ALBANY	State NY	Zip Code 12212	Transaction ID : SB17.107740	
Purpose of Disbursement CELL PHONE		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>C. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address PO BOX 15026			Amount of Each Disbursement this Period 2157.09	
City ALBANY	State NY	Zip Code 12212	Transaction ID : SB17.107862	
Purpose of Disbursement CELL PHONE		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3443.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 154			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 127.98
City ALBANY State NY Zip Code 12212	Purpose of Disbursement CELL PHONE Candidate Name Category/Type 001	
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)	<b>Transaction ID : SB17.108068</b>

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	127.98
<b>TOTAL</b> This Period (last page this line number only).....	780022.68

**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 154	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. NATIONAL MULTI HOUSING COUNCIL PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 1850 M ST NW SUITE 540			Amount of Each Disbursement this Period 1000.00	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SB20C.107957	
Purpose of Disbursement REFUND		Category/ Type 010		
Candidate Name NATIONAL MULTI HOUSING COUNCIL PAC				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		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>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		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:				

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

**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 154 OF 154	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CHAMBERSBURG HISPANIC AMERICAN CENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 252 SOUTH MAIN STREET		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB21.107710</b>
City CHAMBERSBURG	State PA	
Zip Code 17201	Purpose of Disbursement DONATION	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. LEE TERRY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO BOX 540098		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.108159</b>
City OMAHA	State NE	
Zip Code 68154	Purpose of Disbursement CONTRIBUTION	Category/ Type 011
Candidate Name <b>LEE TERRY</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: NE District: 02	

Full Name (Last, First, Middle Initial) <b>C. RENEE ELLMERS FOR CONGRESS COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address PO BOX 99567		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.108153</b>
City RALEIGH	State NC	
Zip Code 27624	Purpose of Disbursement CONTRIBUTION	Category/ Type 011
Candidate Name <b>RENEE ELLMERS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: NC District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	5500.00