

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Bill Shuster for Congress

ADDRESS (number and street)

PO Box 27

Check if different than previously reported. (ACC)

Hollidaysburg

PA

16848

2. **FEC IDENTIFICATION NUMBER**

C00364935

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED

PA 9

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on 11 02 2004 In the State of PA

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

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10 01 2004 through 10 13 2004

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

Type or Print Name of Treasurer Frederick A Ciocca

Signature of Treasurer Electronically Filed by Frederick A Ciocca Date 10 19 2004

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

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Bill Shuster for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	13250.00	1004799.19
(b) Total Contribution Refunds (from Line 20(d)).....	.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13250.00	1003799.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	9699.03	1031591.57
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	1923.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9699.03	1029668.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	41628.63	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	111880.88	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Bill Shuster for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1250.00	
(ii) Unitemized.....	.00	
(iii) TOTAL of contributions	1250.00	413254.36
from individuals..... ▶		
(b) Political Party Committees.....	.00	1411.50
(c) Other Political Committees (such as PACS).....	12000.00	590133.33
(d) The Candidate.....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	13250.00	1004799.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	.00	.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	.00	2000.00
(b) All Other Loans.....	.00	11000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	.00	13000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	.00	1923.55
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	.00	3500.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13250.00	1023222.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	9699.03	1031591.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of all Other Loans.....	.00	5496.50
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	5496.50
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	.00	1000.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	1000.00
<hr/>		
21. OTHER DISBURSEMENTS.....	106.00	37916.35
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	9805.03	1076004.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	38183.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	13250.00
25. SUBTOTAL (add Line 23 and Line 24).....	51433.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9805.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	41628.63

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. John P McAlister		Date of Receipt M / D / Y 10 / 12 / 2004	
Mailing Address 326 South Carolina Avenue, SE		Transaction ID: SA11Ai-CN4132	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)	
Name of Employer Fleischman & Walsh LLP	Occupation Director of Federal Affairs		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) B. Timothy D Hugo		Date of Receipt M / D / Y 10 / 08 / 2004	
Mailing Address 8355 Sylvan Way		Transaction ID: SA11Ai-CN4130	
City State Zip Code Clifton VA 20124	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)	
Name of Employer CAPNET	Occupation Executive Director		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. General Motors Corporation		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 300 Renaissance Center PO Box 300		Transaction ID: SA11C-CN4129
City Detroit	State MI	Zip Code 48265
FEC ID number of contributing federal political committee. C C00076810		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. American Medical Assoc		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 1101 Vermont Avenue NW		Transaction ID: SA11C-CN4136
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C70001847		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

Full Name (Last, First, Middle Initial) C. R.J Reynolds		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address PO Box 718 401 N. Main Street		Transaction ID: SA11C-CN4133
City Winston Salem	State NC	Zip Code 27102
FEC ID number of contributing federal political committee. C CD0042002		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

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

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

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

FOR LINE NUMBER: PAGE 7 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Freedom Project		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address 111 C Street SE		Transaction ID: SA11C-CN4134
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee. C C00305805		Amount of Each Receipt this Period 4000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9000.00	

Full Name (Last, First, Middle Initial) B. Air Transport Association		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 1301 Pennsylvania Ave NW Suite 1100		Transaction ID: SA11C-CN4126
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee. C CD0114694		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. 13th Colony Leadership Committee		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address PO Box 2133		Transaction ID: SA11C-CN4135
City	State	Zip Code
Savannah	GA	31402
FEC ID number of contributing federal political committee. C CD0381384		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. America's		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 11 N. Carlisle Street Suite 202		Transaction ID: SA11C-CN4127
City Greencastle	State PA	Zip Code 17225
FEC ID number of contributing federal political committee. C C00184143		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Physical Therapy		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 1111 N. Fairfax Street		Transaction ID: SA11C-CN4128
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C CD0012880		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Bayou Leader		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 230 West Windsor Avenue		Transaction ID: SA11C-CN4131
City Alexandria	State VA	Zip Code 22301
FEC ID number of contributing federal political committee. C CD0330484		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Debt Retirement Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	12000.00

**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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 1875 Eye Street NW
Suite 54D

City Washington State DC Zip Code 20006

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

004
Category/
Type

Transaction ID: SB17-EX3152
Date of Disbursement

10 / 08 / 2004

Amount of Each Disbursement this Period

7000.00

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

Advertising Expenses Media

Full Name (Last, First, Middle Initial)
B. Ciocca Benton & Company, P.C.

Mailing Address PO Box 1473

City Altoona State PA Zip Code 16603

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX3154
Date of Disbursement

10 / 11 / 2004

Amount of Each Disbursement this Period

68.68

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

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

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

Mailing Address 25452 Brickell Drive

City Chantilly State VA Zip Code 20152

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX3155
Date of Disbursement

10 / 11 / 2004

Amount of Each Disbursement this Period

2000.00

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

Solicitation and Fundrais-
ing Expenses Campaign Con-
sultant

SUBTOTAL of Disbursements This Page (optional) ▶

9068.68

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 25452 Brickell Drive

City Chantilly State VA Zip Code 20152

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX3156
Date of Disbursement

10 / 11 / 2004

Amount of Each Disbursement this Period

481.00

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

Solicitation and Fundrais-
ing Expenses Fundraising

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

Mailing Address 25452 Brickell Drive

City Chantilly State VA Zip Code 20152

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX3157
Date of Disbursement

10 / 11 / 2004

Amount of Each Disbursement this Period

13.65

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

Administrative/Salary/Ove-
rhead Expenses Postage

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

Mailing Address 2917 Fifth Avenue

City Altoona State PA Zip Code 16802

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX3158
Date of Disbursement

10 / 11 / 2004

Amount of Each Disbursement this Period

86.06

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

560.71

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 54

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. CTI/PAdotNET

Mailing Address 5170 E. Trindle Road

City Mechanicsburg State PA Zip Code 17050

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX3159

Date of Disbursement

10 / 11 / 2004

Amount of Each Disbursement this Period

31.00

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

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

Full Name (Last, First, Middle Initial)

B. Cecelia Parker

Mailing Address 7968 Lincoln Way West

City Saint Thomas State PA Zip Code 17252

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX3160

Date of Disbursement

10 / 11 / 2004

Amount of Each Disbursement this Period

38.64

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

69.64

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

9699.03

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

PAGE 12 / 54

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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

Mailing Address 9 Overlook Drive

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

012
 Category/
 Type

Transaction ID: SB17-EX3153
 Date of Disbursement

10 / 11 / 2004

Amount of Each Disbursement this Period

60.00

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

Donations Promotional Tic-
 kets

Full Name (Last, First, Middle Initial)
B. Cecelia Parker

Mailing Address 7968 Lincoln Way West

City Saint Thomas State PA Zip Code 17252

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

012
 Category/
 Type

Transaction ID: SB17-EX3161
 Date of Disbursement

10 / 11 / 2004

Amount of Each Disbursement this Period

46.00

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

Donations Promotional Tic-
 kets

SUBTOTAL of Disbursements This Page (optional) ▶ 106.00

TOTAL This Period (last page this line number only) ▶ 106.00

SCHEDULE C (FEC Form 3)

LOANS

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

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN13

LOAN SOURCE Full Name (Last, First, Middle Initial) William Shuster	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 9 Overlook Drive		
City Hollidaysburg State PA ZIP Code 16648		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

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

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN9

LOAN SOURCE Full Name (Last, First, Middle Initial) Kelly H Shuster	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 320 N 30th Street		
City Camp Hill State PA ZIP Code 17011		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 19 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN10

LOAN SOURCE Full Name (Last, First, Middle Initial) Margaret A Stader	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 2201 Catharine Street		
City Huntingdon State PA ZIP Code 16852		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 16 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN11

LOAN SOURCE Full Name (Last, First, Middle Initial) Deborah S King	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 530 Garber Street		
City Hollidaysburg State PA ZIP Code 16648		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN12

LOAN SOURCE Full Name (Last, First, Middle Initial) Robert L Shuster	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 320 N 30th Street		
City Camp Hill State PA ZIP Code 17011		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 18 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN14

LOAN SOURCE Full Name (Last, First, Middle Initial) Virginia L Dixon	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 105 Aldrich Avenue		
City Altoona State PA ZIP Code 16602		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	12000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 19 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Survey of attitudes Invoice 448	
Mailing Address 201 North Union Street Suite 410			
City Alexandria	State VA	ZIP Code 22314	
Outstanding Balance Beginning This Period 977.00		Transaction ID: SD10-INV2734	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 977.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kathy's Deli		Nature of Debt (Purpose): Invoice: Catering Invoice 1445 Solitcat	
Mailing Address 881 West King Street Suite C			
City Shippensburg	State PA	ZIP Code 17257	
Outstanding Balance Beginning This Period 4197.58		Transaction ID: SD1D-INV2988	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 4197.58	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invpice: 04-B5-011 Contrast Advertising	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City Malvern	State PA	ZIP Code 19355	
Outstanding Balance Beginning This Period 6755.00		Transaction ID: SD1D-INV2862	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 6755.00	

1) SUBTOTALS This Period This Page (optional)	▶	11929.58
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 20 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-BS-012 Runner Advertising Ex	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City	State	ZIP Code	
Malvern	PA	19355	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2863	
5890.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	5890.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-BS-013 Quotes Advertising Ex	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City	State	ZIP Code	
Malvern	PA	19355	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2864	
6655.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	6655.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Orchards		Nature of Debt (Purpose): Invoice: 3.22.04 fundraising event Split	
Mailing Address 1580 Orchard Drive			
City	State	ZIP Code	
Chambersburg	PA	17201	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2802	
3997.09			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	3997.09	

1) SUBTOTALS This Period This Page (optional)	▶	16542.09
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 21 / 54
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Invoice 4481 survey Polling Exp	
Mailing Address 201 North Union Street Suite 410			
City Alexandria	State VA	ZIP Code 22314	
Outstanding Balance Beginning This Period 7977.00		Transaction ID: SD10-INV2989	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 7977.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Haube on the Hill		Nature of Debt (Purpose): Invoice: Fundraiser catering Solicitatio	
Mailing Address PO Box 912			
City Great Falls	State VA	ZIP Code 22066	
Outstanding Balance Beginning This Period 1223.16		Transaction ID: SD1D-INV2767	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 1223.16	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ciocca Banta & Company, P.C.		Nature of Debt (Purpose): Invoice: 2.6.04 to 4.16.04 services Admi	
Mailing Address PO Box 1473			
City Altoona	State PA	ZIP Code 16803	
Outstanding Balance Beginning This Period 3048.10		Transaction ID: SD1D-INV2867	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 3048.10	

1) SUBTOTALS This Period This Page (optional)	▶	12248.26
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 22 / 54
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Invoice 4523 survey Polling Exp	
Mailing Address 201 North Union Street Suite 410			
City Alexandria	State VA	ZIP Code 22314	
Outstanding Balance Beginning This Period 16835.00		Transaction ID: SD10-INV2990	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 16835.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 1700 Seventh Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 33.39		Transaction ID: SD1D-INV2917	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 33.39	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tortilla Coast		Nature of Debt (Purpose): Invoice: 04.02.04 meals Travel Expenses	
Mailing Address 400 First Street SE			
City Washington	State DC	ZIP Code 20001	
Outstanding Balance Beginning This Period 28.50		Transaction ID: SD1D-INV2918	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 28.50	

1) SUBTOTALS This Period This Page (optional)	▶	16894.89
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 23 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Radio Shack		Nature of Debt (Purpose): Invoice: 04.08.04 supplies Administrativ	
Mailing Address Plank Road Commons 2784 Old Rte 220			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2919	
15.32			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	15.32	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 542 South Center Street			
City	State	ZIP Code	
Ebensburg	PA	15631	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2920	
21.41			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	21.41	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunt- eers Travel Exp	
Mailing Address 3014 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2921	
12.53			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	12.53	

1) SUBTOTALS This Period This Page (optional)	▶	49.26
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 24 / 54
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address RD 2 Box 12C			
City	State	ZIP Code	
Bedford	PA	15522	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2922	
31.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	31.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2923	
4.44			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	4.44	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2924	
23.12			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	23.12	

1) SUBTOTALS This Period This Page (optional)	▶	59.06
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 25 / 54
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Capital Grille		Nature of Debt (Purpose): Invoice: 4.21 event Solitication and Fun	
Mailing Address 601 Pennsylvania Avenue, NW			
City Washington	State DC	ZIP Code 20004	
Outstanding Balance Beginning This Period 1669.01		Transaction ID: SD10-INV2925	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 1669.01	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Splash Car Wash		Nature of Debt (Purpose): Invoice: car wash Administrative/Salary/	
Mailing Address #10 Eye Street SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 33.64		Transaction ID: SD1D-INV2926	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 33.64	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays		Nature of Debt (Purpose): Invoice: 4.23 Travel Expenses	
Mailing Address Plank Road			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 109.75		Transaction ID: SD1D-INV2927	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 109.75	

1) SUBTOTALS This Period This Page (optional)	▶	1812.60
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 28 / 54
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Political Contribution	
Mailing Address 542 South Center Street			
City Ebensburg	State PA	ZIP Code 15831	
Outstanding Balance Beginning This Period 25.20		Transaction ID: SD10-INV2928	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 25.20	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Don Pablos		Nature of Debt (Purpose): Invoice: 4.25 Travel Expenses	
Mailing Address Plank Road			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 97.14		Transaction ID: SD10-INV2929	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 97.14	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hunan Dynasty		Nature of Debt (Purpose): Invoice: 4.23 Travel Expenses	
Mailing Address 215 Pennsylvania Avenue			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 53.70		Transaction ID: SD10-INV2930	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 53.70	

1) SUBTOTALS This Period This Page (optional)	▶	176.04
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FedEx Express		Nature of Debt (Purpose): Invoice: to ciocca from mistri Administr	
Mailing Address PO Box 371461			
City	State	ZIP Code	
Pittsburgh	PA	15250	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2931	
14.08			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	14.08	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Al's Tavern		Nature of Debt (Purpose): Invoice: 4.25 Travel Expe- nses	
Mailing Address 2831 Eighth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2932	
111.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	111.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.25 Travel Expe- nses	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16601	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2933	
84.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	84.00	

1) SUBTOTALS This Period This Page (optional)	▶	209.58
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 28 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 25.01		Transaction ID: SD10-INV2934	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 25.01	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: various office supplies Adminis	
Mailing Address Plank Road/Orchard Plaza			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 56.14		Transaction ID: SD1D-INV2935	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 56.14	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Outback Steakhouse		Nature of Debt (Purpose): Invoice: 4.24 Travel Expenses	
Mailing Address 100 Sheraton Drive			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 468.77		Transaction ID: SD1D-INV2936	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 468.77	

1) SUBTOTALS This Period This Page (optional)	▶	547.92
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 29 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Outback Steakhouse		Nature of Debt (Purpose): Invoice: 4.24 Travel Expenses	
Mailing Address 100 Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2937	
37.10			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	37.10	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary	
Mailing Address 1700 Seventh Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2938	
19.13			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	19.13	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Commonwealth Bank		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 0537			
City	State	ZIP Code	
Indiana	PA	15701	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2939	
127.35			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	127.35	

1) SUBTOTALS This Period This Page (optional)	▶	183.58
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 30 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: June retainer et- c. 2004-06-160	
Mailing Address 1875 Eye Street NW Suite 540			
City Washington	State DC	ZIP Code 20006	
Outstanding Balance Beginning This Period 13797.00		Transaction ID: SD10-INV2992	
Amount Incurred This Period .00	Payment This Period 7000.00	Outstanding Balance at Close of This Period 6797.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capital Hill Suites		Nature of Debt (Purpose): Invoice: 5.18 Travel Expe- nses	
Mailing Address 200 C Street, SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 187.15		Transaction ID: SD1D-INV3035	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 187.15	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Confertel		Nature of Debt (Purpose): Invoice: 6.3 Administrati- ve/Salary/Overh	
Mailing Address 2385 Camino Vida Roble Suite 112			
City Carlsbad	State CA	ZIP Code 92009	
Outstanding Balance Beginning This Period 3.40		Transaction ID: SD1D-INV3036	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 3.40	

1) SUBTOTALS This Period This Page (optional)	▶	6987.55
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
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	FOR LINE NUMBER: (check only one)
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wyndham Garden Hotel		Nature of Debt (Purpose): Invoice: 6.5 Travel Expenses	
Mailing Address 765 Eisenhower Blvd			
City Harrisburg	State PA	ZIP Code 17111	
Outstanding Balance Beginning This Period 43.50		Transaction ID: SD10-INV3037	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 49.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hoss's Steak And Sea		Nature of Debt (Purpose): Invoice: 5.26 Travel Expenses	
Mailing Address Wye Switches			
City Duncansville	State PA	ZIP Code 16635	
Outstanding Balance Beginning This Period 105.09		Transaction ID: SD10-INV3038	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 105.09	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FedEx Express		Nature of Debt (Purpose): Invoice: 5.6 mailing Administrative/Sala	
Mailing Address PO Box 371461			
City Pittsburgh	State PA	ZIP Code 15250	
Outstanding Balance Beginning This Period 14.08		Transaction ID: SD10-INV3009	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 14.08	

1) SUBTOTALS This Period This Page (optional)	▶	162.67
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trover Shop 1		Nature of Debt (Purpose): Invoice: Gifts Administrative/Salary/Ove	
Mailing Address 221 Pennsylvania Avenue SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 45.42		Transaction ID: SD10-INV3010	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 45.42	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Hotel Restaurant		Nature of Debt (Purpose): Invoice: 5.10 meal Travel Expenses	
Mailing Address 401 South Juniata Street			
City Hollidaysburg	State PA	ZIP Code 16648	
Outstanding Balance Beginning This Period 91.37		Transaction ID: SD1D-INV3011	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 91.37	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Capital Grille		Nature of Debt (Purpose): Invoice: 5.22 Travel Expenses	
Mailing Address 601 Pennsylvania Avenue, NW			
City Washington	State DC	ZIP Code 20004	
Outstanding Balance Beginning This Period 41.98		Transaction ID: SD1D-INV3012	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 41.98	

1) SUBTOTALS This Period This Page (optional)	▶	178.77
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 33 / 54
	FOR LINE NUMBER: (check only one)
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allegro Restaurant		Nature of Debt (Purpose): Invoice: Staff 5.24 Travel Expenses	
Mailing Address 3926 Broad Avenue			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3013	
679.26			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	679.26	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eds Steak House		Nature of Debt (Purpose): Invoice: 5.25 Travel Expenses	
Mailing Address RR 2			
City	State	ZIP Code	
Bedford	PA	15522	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3014	
82.75			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	82.75	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Commonwealth Bank		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 0537			
City	State	ZIP Code	
Indiana	PA	15701	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3015	
147.22			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	147.22	

1) SUBTOTALS This Period This Page (optional)	▶	909.23
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
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(Use separate schedule(s) for each numbered line)	PAGE 34 / 54
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.28 stay Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 817.50		Transaction ID: SD10-INV3019	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 817.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 2061.53		Transaction ID: SD10-INV3020	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 2061.53	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Room/Catering etc Campaign Even	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 2625.83		Transaction ID: SD10-INV3021	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 2625.83	

1) SUBTOTALS This Period This Page (optional)	▶	5504.86
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

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(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3022	
163.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	163.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3023	
88.43			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	88.43	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3024	
408.75			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	408.75	

1) SUBTOTALS This Period This Page (optional)	▶	660.68
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 408.75		Transaction ID: SD10-INV3025	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 408.75	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Hospitality room Campaign Event	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 180.75		Transaction ID: SD10-INV3026	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 180.75	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Holding room Campaign Event Exp	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 81.75		Transaction ID: SD10-INV3027	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 81.75	

1) SUBTOTALS This Period This Page (optional)	▶	681.25
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

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 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express			Nature of Debt (Purpose): Invoice: Late payment fee Administrative		
Mailing Address PO Box 360002					
City	State	ZIP Code			
Altoona	PA	33336			
Outstanding Balance Beginning This Period			Transaction ID: SD10-INV3028		
35.00					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
.00		.00	35.00		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express			Nature of Debt (Purpose): Invoice: Finance charge Administrative/S		
Mailing Address PO Box 360002					
City	State	ZIP Code			
Altoona	PA	33336			
Outstanding Balance Beginning This Period			Transaction ID: SD10-INV3029		
130.64					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
.00		.00	130.64		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc			Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/		
Mailing Address 5700 Sixth Avenue					
City	State	ZIP Code			
Altoona	PA	16802			
Outstanding Balance Beginning This Period			Transaction ID: SD10-INV3030		
34.00					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
.00		.00	34.00		

1) SUBTOTALS This Period This Page (optional)	▶	199.64
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
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	FOR LINE NUMBER: (check only one)
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	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 35.70		Transaction ID: SD10-INV3031	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 35.70	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 33.00		Transaction ID: SD10-INV3032	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 33.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Membership renewal fee Administ	
Mailing Address PO Box 360002			
City Altoona	State PA	ZIP Code 33338	
Outstanding Balance Beginning This Period 10.00		Transaction ID: SD10-INV3033	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 10.00	

1) SUBTOTALS This Period This Page (optional)	▶	78.70
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

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NAME OF COMMITTEE (In Full)
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Wireless Services		Nature of Debt (Purpose): Invoice: Telecomm services Administrativ	
Mailing Address PQ 844038			
City Maitland	State FL	ZIP Code 32794	
Outstanding Balance Beginning This Period 487.48		Transaction ID: SD10-INV3034	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 487.48	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NRCC		Nature of Debt (Purpose): Invoice: Speaker Hastert's travel Travel	
Mailing Address 320 First Street SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 3229.00		Transaction ID: SD1D-INV3154	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 3229.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pine Grill Inc		Nature of Debt (Purpose): Invoice: 5.28 Travel Expenses	
Mailing Address 800 N Center Avenue			
City Somerset	State PA	ZIP Code 15501	
Outstanding Balance Beginning This Period 61.15		Transaction ID: SD1D-INV3058	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 61.15	

1) SUBTOTALS This Period This Page (optional)	▶	3777.61
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays		Nature of Debt (Purpose): Invoice: 6.07.04 Travel Expenses	
Mailing Address Plank Road			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 221.34		Transaction ID: SD10-INV3059	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 221.34	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Friendly's		Nature of Debt (Purpose): Invoice: 6.07.04 Travel Expenses	
Mailing Address 200 Sierra Plaza			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 86.19		Transaction ID: SD10-INV3060	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 86.19	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eat n Park Restaurants		Nature of Debt (Purpose): Invoice: 6.21.04 Travel Expenses	
Mailing Address Orchard Plaza			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 10.58		Transaction ID: SD10-INV3061	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 10.58	

1) SUBTOTALS This Period This Page (optional)	▶	318.11
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

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NAME OF COMMITTEE (In Full)
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Commonwealth Bank		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 0537			
City Indiana	State PA	ZIP Code 15701	
Outstanding Balance Beginning This Period 152.83		Transaction ID: SD10-INV3062	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 152.83	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 360002			
City Rockville	State MD	ZIP Code 33336	
Outstanding Balance Beginning This Period 144.83		Transaction ID: SD1D-INV3081	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 144.83	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor La Colline Restaurant		Nature of Debt (Purpose): Invoice: 8/15 fundraiser meal Solicitati	
Mailing Address 400 North Capital Street NW Suite 175			
City Washington	State DC	ZIP Code 20001	
Outstanding Balance Beginning This Period 680.00		Transaction ID: SD1D-INV3082	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 680.00	

1) SUBTOTALS This Period This Page (optional)	▶	977.66
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3083	
37.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	37.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 6.17.04 Travel Expenses	
Mailing Address Street Required			
City	State	ZIP Code	
Washington	DC	20515	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3084	
9.95			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	9.95	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 6.24.04 meals Travel Expenses	
Mailing Address Street Required			
City	State	ZIP Code	
Washington	DC	20515	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3085	
147.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	147.24	

1) SUBTOTALS This Period This Page (optional)	▶	194.19
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 43 / 54
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 6.25.04 meal Travel Expenses	
Mailing Address Street Required			
City State ZIP Code Washington DC 20515			
Outstanding Balance Beginning This Period 45.60		Transaction ID: SD10-INV3086	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 45.60	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 7.9.04 meal Travel Expenses	
Mailing Address Street Required			
City State ZIP Code Washington DC 20515			
Outstanding Balance Beginning This Period 15.25		Transaction ID: SD10-INV3087	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 15.25	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club		Nature of Debt (Purpose): Invoice: various meals Travel Expenses	
Mailing Address 300 First Street SE			
City State ZIP Code Washington DC 20003			
Outstanding Balance Beginning This Period 91.76		Transaction ID: SD10-INV3088	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 91.76	

1) SUBTOTALS This Period This Page (optional)	▶	152.61
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 44 / 54
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Galileo Ristorante		Nature of Debt (Purpose): Invoice: 7.03.04 meal Travel Expenses	
Mailing Address 1110 21st Street NW			
City Washington	State DC	ZIP Code 20038	
Outstanding Balance Beginning This Period 58.50		Transaction ID: SD10-INV3089	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 58.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Daily American		Nature of Debt (Purpose): Invoice: Fireworks Sponsor Donations	
Mailing Address 334 W Main Street PO Box 638			
City Somerset	State PA	ZIP Code 15501	
Outstanding Balance Beginning This Period 2000.00		Transaction ID: SD1D-INV3153	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 2000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: August retainer and FedEx Adver	
Mailing Address 1875 Eye Street NW Suite 540			
City Washington	State DC	ZIP Code 20008	
Outstanding Balance Beginning This Period 6593.08		Transaction ID: SD1D-INV3155	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 6593.08	

1) SUBTOTALS This Period This Page (optional)	▶	8651.56
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 45 / 54
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.29.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City	State	ZIP Code	
New York	NY	10013	
Outstanding Balance Beginning This Period 200.00		Transaction ID: SD10-INV3111	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	200.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.30.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City	State	ZIP Code	
New York	NY	10013	
Outstanding Balance Beginning This Period 200.00		Transaction ID: SD1D-INV3112	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	200.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.30.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City	State	ZIP Code	
New York	NY	10013	
Outstanding Balance Beginning This Period 200.00		Transaction ID: SD1D-INV3113	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	200.00	

1) SUBTOTALS This Period This Page (optional)	▶	600.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 48 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.30.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City State ZIP Code New York NY 10013			
Outstanding Balance Beginning This Period 200.00		Transaction ID: SD10-INV3114	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 200.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 360002			
City State ZIP Code New York NY 33336			
Outstanding Balance Beginning This Period 148.20		Transaction ID: SD1D-INV3115	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 148.20	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Frsh Fields Whole Foods Market		Nature of Debt (Purpose): Invoice: 7.20.04 Travel Expenses	
Mailing Address 2323 Wisconsin Avenue NW			
City State ZIP Code Washington DC 20007			
Outstanding Balance Beginning This Period 148.28		Transaction ID: SD1D-INV3116	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 148.28	

1) SUBTOTALS This Period This Page (optional)	▶	496.46
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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

FOR LINE NUMBER:
 (check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Hotel Restaurant		Nature of Debt (Purpose): Invoice: 7.23.04 Travel Expenses	
Mailing Address 401 South Juniata Street			
City	State	ZIP Code	
Hollidaysburg	PA	16848	
Outstanding Balance Beginning This Period 28.68		Transaction ID: SD10-INV3117	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	28.68	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: 7.23.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City	State	ZIP Code	
Hollidaysburg	PA	16848	
Outstanding Balance Beginning This Period 4.73		Transaction ID: SD1D-INV311B	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	4.73	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period 30.19		Transaction ID: SD1D-INV3119	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	30.19	

1) SUBTOTALS This Period This Page (optional)	▶	61.60
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn-Ligonier		Nature of Debt (Purpose): Invoice: 8.09.04 stay Travel Expenses	
Mailing Address 216 W Loyalhanna Street			
City	State	ZIP Code	
Ligonier	PA	15658	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3120	
97.01			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	97.01	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn-Ligonier		Nature of Debt (Purpose): Invoice: 8.09.04 stay Travel Expenses	
Mailing Address 216 W Loyalhanna Street			
City	State	ZIP Code	
Ligonier	PA	15658	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3121	
97.01			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	97.01	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 360002			
City	State	ZIP Code	
Alltona	PA	33338	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3133	
154.58			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	154.58	

1) SUBTOTALS This Period This Page (optional)	▶	348.60
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 49 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton New York		Nature of Debt (Purpose): Invoice: Deposit Travel Expenses	
Mailing Address 1335 Avenue of the Americas			
City New York	State NY	ZIP Code 10019	
Outstanding Balance Beginning This Period 200.00		Transaction ID: SD10-INV3134	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 200.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 29.05		Transaction ID: SD1D-INV3135	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 29.05	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Regency Transportation Group Limited		Nature of Debt (Purpose): Invoice: 8.18.04 limo Travel Expenses	
Mailing Address 1310 Superior Avenue			
City Pittsburgh	State PA	ZIP Code 15212	
Outstanding Balance Beginning This Period 234.07		Transaction ID: SD1D-INV3136	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 234.07	

1) SUBTOTALS This Period This Page (optional)	▶	463.12
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 50 / 54
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Regency Transportation Group Limited		Nature of Debt (Purpose): Invoice: 8.18.04 limo Travel Expenses	
Mailing Address 1310 Superior Avenue			
City Pittsburgh	State PA	ZIP Code 15212	
Outstanding Balance Beginning This Period 180.92		Transaction ID: SD10-INV3137	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 180.92	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amtrak		Nature of Debt (Purpose): Invoice: 8.24.04 Travel Expenses	
Mailing Address Market Street			
City Philadelphia	State PA	ZIP Code 19019	
Outstanding Balance Beginning This Period 124.95		Transaction ID: SD1D-INV313B	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 124.95	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club		Nature of Debt (Purpose): Invoice: various dinners Travel Expenses	
Mailing Address 300 First Street SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 199.55		Transaction ID: SD1D-INV314D	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 199.55	

1) SUBTOTALS This Period This Page (optional)	▶	505.42
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 51 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CVS Pharmacy		Nature of Debt (Purpose): Invoice: supplies Administrative/Salary/	
Mailing Address 3200 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3142	
8.13			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	8.13	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton New York		Nature of Debt (Purpose): Invoice: Republican Convention Travel Ex	
Mailing Address 1335 Avenue of the Americas			
City	State	ZIP Code	
New York	NY	10019	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3143	
1745.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	1745.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Town Car Limo Service Inc.		Nature of Debt (Purpose): Invoice: Republican Convention Travel Ex	
Mailing Address 245 W 72nd Street			
City	State	ZIP Code	
New York	NY	10023	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3144	
92.41			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	92.41	

1) SUBTOTALS This Period This Page (optional)	▶	1845.54
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 52 / 54
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Altoona Mirror		Nature of Debt (Purpose): Invoice: Newspapers Administrative/Salar	
Mailing Address PO Box 200B			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 14.00		Transaction ID: SD10-INV3145	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 14.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: Final retainer Advertising Expe	
Mailing Address 1875 Eye Street NW Suite 540			
City Washington	State DC	ZIP Code 20006	
Outstanding Balance Beginning This Period 5000.00		Transaction ID: SD1D-INV3156	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 5000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon		Nature of Debt (Purpose): Invoice: 814 698 0225 608 26 Y Administr	
Mailing Address PO Box 8585			
City Philadelphia	State PA	ZIP Code 19173	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3166	
Amount Incurred This Period 164.46	Payment This Period .00	Outstanding Balance at Close of This Period 164.46	

1) SUBTOTALS This Period This Page (optional)	▶	5178.46
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 53 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Wireless Services		Nature of Debt (Purpose): Invoice: 2202375068 Admin- istrative/Salar	
Mailing Address PO 844038			
City	State	ZIP Code	
Maitland	FL	32794	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3169	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
194.73	.00	194.73	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ATLANTIC broadband		Nature of Debt (Purpose): Invoice: 8335 20 042 0024- 80 Administrati	
Mailing Address 2200 Beale Avenue			
City	State	ZIP Code	
Altoona	PA	16601	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV317D	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
89.00	.00	89.00	

1) SUBTOTALS This Period This Page (optional)	▶	293.73
2) TOTALS This Period (last page this line number only)	▶	99880.88
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Form/Schedule: **F3N**

Transaction ID:

The accompanying Report of Receipts and Disbursements from October 1, 2004 through October 13, 2004 for the Bill Shuster for Congress Committee included in the prescribed form have been prepared by Frederick A. Clocca CPA. I have prepared such financial statements in my capacity as treasurer of the Bill Shuster for Congress Committee.