

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

BILL SHUSTER FOR CONGRESS

ADDRESS (number and street)

PO BOX 27

Check if different  
than previously  
reported. (ACC)

HOLLIDAYSBURG

PA

16648

2. FEC IDENTIFICATION NUMBER ▼

C

C00364935

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

PA

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2014

through

M M / D D / Y Y Y Y

09 / 30 / 2014

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

Type or Print Name of Treasurer PAUL A KILGORE

Signature of Treasurer

PAUL A KILGORE

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 15 / 2014

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 / 165

Write or Type Committee Name

**BILL SHUSTER FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	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(e))....	353646.46	3816163.75
(b) Total Contribution Refunds (from Line 20(d)) .....	5000.00	11400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	348646.46	3804763.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	172412.68	3340192.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	54.00	2365.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	172358.68	3337827.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	575842.05	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 165

Write or Type Committee Name

**BILL SHUSTER FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	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).....**

145342.46

1737465.98

**(ii) Unitemized.....**

804.00

66053.76

**(iii) TOTAL of contributions from individuals .....**

146146.46

1803519.74

**(b) Political Party Committees.....**

0.00

1250.00

**(c) Other Political Committees (such as PACs) .....**

207500.00

2011394.01

**(d) The Candidate .....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS**

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

353646.46

3816163.75

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS**

(add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES**

(Refunds, Rebates, etc.) .....

54.00

2365.41

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.) .....

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....**

353700.46

3818529.16

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 165

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	172412.68	3340192.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	4500.00	5900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	500.00	5500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5000.00	11400.00
21. OTHER DISBURSEMENTS .....	6312.50	260110.50
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	183725.18	3611703.40

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	405866.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	353700.46
25. SUBTOTAL (add Line 23 and Line 24).....	759567.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	183725.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	575842.05

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 165

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**CHRIS G AIVALIATIS**

A.

Mailing Address 400 JONES STREET

City

VERONA

State

PA

Zip Code

15147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AIVALIOTIS CORPORATION

Occupation

VICE PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 26 / 2014

Transaction ID : SA11Al.108655

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**TIMOTHY J ARBORIO**

B.

Mailing Address 49 PATRIOT LN.

City

WETHERSFIELD

State

CT

Zip Code

06109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARBORIO CORPORATION

Occupation

CEO

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

4100.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2014

Transaction ID : SA11Al.108527

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**PETER J ARBORIO**

C.

Mailing Address 147 ROBETH LN.

City

WETHERSFIELD

State

CT

Zip Code

06109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARBORIO CORPORATION

Occupation

ENGINEER

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2014

Transaction ID : SA11Al.108608

Amount of Each Receipt this Period

1000.00

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

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

4600.00

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

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

 FOR LINE NUMBER:  
 (check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DENNIS ASTORINO**
**A.**

Mailing Address 1117 TALL TREES DRIVE

City

PITTSBURGH

State

PA

Zip Code

15241

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

DLA+ARCHITECTURE

Occupation

ARCHITECT

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

**Transaction ID : SA11Al.108534**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**RICKY BAREFOOT**
**B.**

Mailing Address 184 CROSSWINDS RD

City

ALUM BANK

State

PA

Zip Code

15521

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

H FRED BAREFOOT TRUCKING

Occupation

OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

**Transaction ID : SA11Al.108715**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**JAMES C BARKER**
**C.**

Mailing Address 2818 BERRYLAND DR.

City

OAKTON

State

VA

Zip Code

22124

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

**Transaction ID : SA11Al.108686**

Amount of Each Receipt this Period

300.00

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

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

1050.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ANN M BENZEL**

A.

Mailing Address PO BOX 86

City

HOLLIDAYSBURG

State

PA

Zip Code

16648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BENZELS BRETZEL BAKERY

Occupation

VICE PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11Al.108725

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. J. BETTERS**

B.

Mailing Address 100 BET TECH DRIVE

City

ALIQUIPPA

State

PA

Zip Code

15001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : SA11Al.108657

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**CHARLES R. BLACK**

C.

Mailing Address 208 VIRGINIA AVENUE

City

ALEXANDRIA

State

VA

Zip Code

22305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRIME POLICY GROUP

Occupation

CHAIRMAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

Transaction ID : SA11Al.108241

Amount of Each Receipt this Period

500.00

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

3600.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JAMES J BLANUSHA**

Mailing Address 600 N LAKE SHORE DR.

APT. 2707

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing federal political committee.

C

Name of Employer

ALFRED BENESCH &amp; CO.

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2014

Transaction ID : SA11AI.108294

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**LAURIE BLITZER**

Mailing Address 16 W 68TH ST.

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.108633

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MELISSA BOHRER**

Mailing Address 115 W 86TH ST.

#11A

City

NEW YORK

State

NY

Zip Code

10024

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

AUTHOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.108596

Amount of Each Receipt this Period

1000.00

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

3000.00

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



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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**KENNETH R BONAR**

A.

Mailing Address 3212 DANISH WAY

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing federal political committee.

C

Name of Employer

SNOWBIRD SKI &amp; SUMMER RESORT

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.108687

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**ANN D BONAR**

B.

Mailing Address 3212 DANISH WAY

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.108688

Amount of Each Receipt this Period

2400.00

Full Name (Last, First, Middle Initial)

**JAMES G BOONE**

C.

Mailing Address 169 BOONE LANE

City

ALTOONA

State

PA

Zip Code

16601

FEC ID number of contributing federal political committee.

C

Name of Employer

LYTLES TRANSFER &amp; STORAGE, INC.

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.108726

Amount of Each Receipt this Period

1000.00

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

6000.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 165

(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DAVID R BRENNAN****A.**

Mailing Address 60 SCONSET DR.

City

FAIRFIELD

State

CT

Zip Code

06824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JJ BRENNAN CONSTRUCTION

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.108607

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**ART G BRUAW JR.****B.**

Mailing Address PO BOX 277

1042 MERCERSBURG ROAD

City

SAINT THOMAS

State

PA

Zip Code

17252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

E. C. BARNES, INC

Occupation

PRESIDENT/DISTRIBUTOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2014

Transaction ID : SA11AI.108357

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**JOHN A BRUNALLI****C.**

Mailing Address 95 BELLEVIEW AVE.

City

SOUTHINGTON

State

CT

Zip Code

06489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE BRUNALLI CONSTRUCTION COMPANY

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.108609

Amount of Each Receipt this Period

1500.00

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

3500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 165

(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)

**JOHN W BUTTS**

**A.**

Mailing Address 17 BRIDLEWOOD RD

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AGC

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2014

Transaction ID : SA11Al.108610

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**ARTHUR E CAMERON**

**B.**

Mailing Address 224 FALCON RIDGE RD

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 18 / 2014

Transaction ID : SA11Al.108375

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**NANCY P CAMPBELL**

**C.**

Mailing Address 167 MOUNTAIN VIEW DR

City

HOLLIDAYSBURG

State

PA

Zip Code

16648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOSS'S STEAK & SEA HOUSES

Occupation

FOUNDER/CEO

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11Al.108720

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MARTIN CANCIENNE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2014	
Mailing Address PO BOX 36 7075 HIGHWAY 1 SOUTH City State Zip Code BELLE ROSE LA 70341		<b>Transaction ID : SA11Al.108376</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer THE LIVINGSTON GROUP, LLC		Occupation PARTNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JOSEPH C CANIZARO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2014	
Mailing Address 909 POYDRAS ST. STE. 1700 City State Zip Code NEW ORLEANS LA 70112		<b>Transaction ID : SA11Al.108377</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer FIRST BANK & TRUST		Occupation CHAIRMAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JOHN L CARRATO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address 24 N RAMMER AVE. City State Zip Code ARLINGTON HEIGHTS IL 60004		<b>Transaction ID : SA11Al.108295</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer ALFRED BENSCH & CO.		Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3000.00	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 165

(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JULIE CHLOPECKI****A.**

Mailing Address 1547 EVERS DR

City

MC LEAN

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

XENOPHON STRATEGIES

Occupation

PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1697.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		08		2014

Transaction ID : SA11AI.108845

Amount of Each Receipt this Period

1142.46

IN-KIND:EVENT TICKETS

Full Name (Last, First, Middle Initial)

**MORLEY A COHN****B.**

Mailing Address 4305 2ND AVE

City

ALTOONA

State

PA

Zip Code

16602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KOPP DRUG

Occupation

PHARMACIST/PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : SA11AI.108638

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**WILLIAM R COLLINS III****C.**

Mailing Address 250 BRISTOL LANE

City

HOLLIDAYSBURG

State

PA

Zip Code

16648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COURTESY MOTOR SALES

Occupation

MANAGER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.108713

Amount of Each Receipt this Period

250.00

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

1492.46

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

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

FOR LINE NUMBER:

PAGE 14 OF 165

(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. THOMAS J COLLINS**

Mailing Address 333 S. MADISON STREET

City

LA GRANGE

State

IL

Zip Code

60525

FEC ID number of contributing federal political committee.

C

Name of Employer

COLLINS ENGINEERS

Occupation

CONSULTANT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.108611

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**TIMOTHY COREY**

Mailing Address 50 KENNEDY PLAZA  
STE. 1500

City

PROVIDENCE

State

RI

Zip Code

02903

FEC ID number of contributing federal political committee.

C

Name of Employer

HINCKLEY ALLEN

Occupation

PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

Transaction ID : SA11AI.108242

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MR. FEDERICO J D'ESCOTO**

Mailing Address 1965 N MARYWOOD AVENUE

City

AURORA

State

IL

Zip Code

60505

FEC ID number of contributing federal political committee.

C

Name of Employer

D'ESCOTO, INC.

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : SA11AI.108296

Amount of Each Receipt this Period

2600.00

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

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

4600.00

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

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

FOR LINE NUMBER:

PAGE 15 OF 165

(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**SANDRA P DAVID****A.**

Mailing Address 25 SUFFIELD CT.

City

CHESHIRE

State

CT

Zip Code

06410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADF INDUSTRIES, INC.Occupation  
EXECUTIVE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		25		2014

Transaction ID : SA11AI.108462

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**DAVID DELOACH****B.**

Mailing Address PO BOX 1903

City

ST. FRANCISVILLE

State

LA

Zip Code

70775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DELOACH MARINE SERVICESOccupation  
OWNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		18		2014

Transaction ID : SA11AI.108378

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**JENNIFER DELONG****C.**

Mailing Address 204 ARANDALE ST.

City

BEDFORD

State

PA

Zip Code

15522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		25		2014

Transaction ID : SA11AI.108458

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:

PAGE 16 OF 165

(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JOSEPH DEVAL SR.**

A.

Mailing Address 311 GULFWAY

City

HACKBERRY

State

LA

Zip Code

70645

FEC ID number of contributing federal political committee.

C

Name of Employer

DEVAL TOWING &amp; BOAT SERVICE

Occupation

TREASURER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		18		2014

Transaction ID : SA11AI.108379

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**DONALD A DEVIVO**

B.

Mailing Address 305 EDGEWOOD RD.

City

BERLIN

State

CT

Zip Code

06037

FEC ID number of contributing federal political committee.

C

Name of Employer

DATTCO

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.108612

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**DONALD DEVORRIS**

C.

Mailing Address 304 WARD AVE E

City

ALTOONA

State

PA

Zip Code

16602

FEC ID number of contributing federal political committee.

C

Name of Employer

BLAIR ELECTRIC SERVICES

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.108721

Amount of Each Receipt this Period

1000.00

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

3000.00

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



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 165

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JEFFREY L DISTEFANO**

Mailing Address 659 KRUMKILL RD.

City

ALBANY

State

NY

Zip Code

12203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HARRISON &amp; BURROWES

Occupation

OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		18		2014

Transaction ID : SA11Al.108380

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MICHAEL DUPPELT**Mailing Address 235 W 70TH ST.  
#35

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIGHTER CAPITAL

Occupation

PRIVATE EQUITY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11Al.108632

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MR. EDWIN E ELLIS**

Mailing Address 317 S CATHERINE AVENUE

City

LA GRANGE

State

IL

Zip Code

60525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IOWA PACIFIC HOLDINGS

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11Al.108613

Amount of Each Receipt this Period

1000.00

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

3000.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**CHERYL FELDER****A.**

Mailing Address 235 BROADWAY ST.

City

NEW ORLEANS

State

LA

Zip Code

70118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHANNEL SHIPYARD COMPANY INC

Occupation

VICE PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2014

Transaction ID : SA11Al.108381

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**DANIEL J FILOMENO****B.**

Mailing Address 58 ALNA LN.

City

EAST HARTFORD

State

CT

Zip Code

06108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACOUSTICS, INC.

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11Al.108614

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**KEVIN J FITZPATRICK****C.**

Mailing Address 3751 HIGHKNOB CIR.

City

NAPERVILLE

State

IL

Zip Code

60564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALFRED BENESCH &amp; CO.

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2014

Transaction ID : SA11Al.108297

Amount of Each Receipt this Period

500.00

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 165

(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)

**THOMAS J FLEMING**

**A.**

Mailing Address 45 CHERRY HILL CT.

City

CANFIELD

State

OH

Zip Code

44406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AIM NATIONALEASE

Occupation  
PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 25 / 2014

Transaction ID : SA11Al.108461

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**LOUIS G GALLIKER**

**B.**

Mailing Address 922 LUZERNE ST

City

JOHNSTOWN

State

PA

Zip Code

15905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GALLIKER DAIRY COMPANY

Occupation  
PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2900.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 26 / 2014

Transaction ID : SA11Al.108476

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

**WILLIAM F GARRITY**

**C.**

Mailing Address 6 MEADOWLARK RD.

City

WEST SIMSBURY

State

CT

Zip Code

06092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GARRITY ASPHALT RECLAIMING, INC.

Occupation  
CONSTRUCTION

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 25 / 2014

Transaction ID : SA11Al.108463

Amount of Each Receipt this Period

1000.00

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

2800.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ANTHEA GERMANO****A.**

Mailing Address 307 20TH ST S

City

ALTOONA

State

PA

Zip Code

16602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2014

Transaction ID : SA11Al.108589

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**SETH GILLSTON****B.**

Mailing Address 201 E 28TH ST.

City

NEW YORK

State

NY

Zip Code

10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACE GROUPOccupation  
UNDERWRITER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11Al.108631

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**STEVE GOLDING****C.**

Mailing Address 101 LEE ST.

City

VICKSBURG

State

MS

Zip Code

39180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDING BARGE LINEOccupation  
PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2014

Transaction ID : SA11Al.108366

Amount of Each Receipt this Period

1000.00

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

4000.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 165

(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**TERRY M GOLDSTEIN****A.**

Mailing Address 276 BRUSHMEADE ROAD

City

HOLLIDAYSBURG

State

PA

Zip Code

16648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GOLDSTEIN, HESLOP, STEELE, ET AL.

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : SA11AI.108637

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**ANJA GRAVES****B.**Mailing Address 1660 L ST. NW  
STE. 501

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHG ASSOCIATES

Occupation

MANAGING PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.108689

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**DOUGLAS C HANSEN****C.**

Mailing Address 3016 RIDGE RD

City

NORTH HAVEN

State

CT

Zip Code

06473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WI CLARK

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.108615

Amount of Each Receipt this Period

1500.00

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

2600.00

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

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**PHYLLIS HARDEN**

A.

Mailing Address 204B SUNSET PL.

City

REDFIELD

State

AR

Zip Code

72132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PINE BLUFF SAND & GRAVEL CO.

Occupation

EXECUTIVE'S ASSISTANT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 18 / 2014

Transaction ID : SA11Al.108382

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**SCOTT HARRIS**

B.

Mailing Address 300 RIVERSIDE DRIVE  
APT 2E

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BROWN HARRIS STEVENS

Occupation

REAL ESTATE BROKER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2014

Transaction ID : SA11Al.108535

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MICHAEL HARRISON**

C.

Mailing Address 30 CEDARBROOK

City

IRVINE

State

CA

Zip Code

92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LANDMARK EVENT STAFFING SERVICES

Occupation

CEO

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2014

Transaction ID : SA11Al.108533

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 23 OF 165

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JEFFREY W HARTLEY****A.**

Mailing Address 1229 ROUND MOUNTAIN CIR.

City

ALPINE

State

UT

Zip Code

84004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAGE GOVERNMENT SOLUTIONSOccupation  
DIRECTOR

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11Al.108690

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**R LEE HITE****B.**

Mailing Address 501 BEAUMONT DR

City

ALTOONA

State

PA

Zip Code

16602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE HITE COMPANYOccupation  
PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11Al.108724

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**STEPHEN E HUPP****C.**

Mailing Address 3530 SALLES RIDGE CT.

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ESTES EXPRESS LINESOccupation  
EXECUTIVE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2014

Transaction ID : SA11Al.108268

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 24 OF 165

(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**SETH ADAM JONAS**

Mailing Address 215 90TH ST W

APT 7-E

City

NEW YORK

State

NY

Zip Code

10024

FEC ID number of contributing federal political committee.

C

Name of Employer

S A JONAS INSURANCE

Occupation

INSURANCE BROKER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2014

Transaction ID : SA11Al.108672

Amount of Each Receipt this Period

500.00

IN-KIND:EVENT CATERING

Full Name (Last, First, Middle Initial)

**DR. ALICE PLUMMER JOYCE**

Mailing Address 198 STONEHEDGE RD.

City

HOLLIDAYSBURG

State

PA

Zip Code

16648

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DERMATOLOGIST

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2014

Transaction ID : SA11Al.108588

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**MR. SAMUEL J KAHN**

Mailing Address PO BOX 7040

City

RANCHO SANTA FE

State

CA

Zip Code

92067

FEC ID number of contributing federal political committee.

C

Name of Employer

KENT HOLDINGS

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11Al.108691

Amount of Each Receipt this Period

2600.00

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

4600.00

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



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

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

FOR LINE NUMBER:

PAGE 25 OF 165

(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JOSEPH G KELLER****A.**

Mailing Address 120 CLOVER CIRCLE

City

HOLLIDAYSBURG

State

PA

Zip Code

16648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KELLER ENGINEERING INC

Occupation

CIVIL ENGINEER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11Al.108717

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**DR. ALAN J KIVITZ****B.**

Mailing Address 514 WOODLAWN TER

City

HOLLIDAYSBURG

State

PA

Zip Code

16648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALTOONA ARTHRITIS &amp; OSTEOPOROSIS CE

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2014

Transaction ID : SA11Al.108641

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**CHRISTOPHER KLING****C.**

Mailing Address PO BOX 4621

City

LAGUNA BEACH

State

CA

Zip Code

92652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAGUNA CORPORATE CAR SERVICE, LLC

Occupation

PRIVATE CHAUFFEUR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2014

Transaction ID : SA11Al.108591

Amount of Each Receipt this Period

500.00

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

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

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DALE N KRAPP****A.**

Mailing Address 220 HUNTING HILL LN

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KRAPP BUS COMPANIES

Occupation

CHAIRMAN OF THE BOARD

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2014

Transaction ID : SA11AI.108269

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**GERALD KROZEL****B.**

Mailing Address 9S753 LORRAINE DR.

City

WILLOWBROOK

State

IL

Zip Code

60527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2014

Transaction ID : SA11AI.108280

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**THOMAS E. LAMARTINA****C.**

Mailing Address 320 RAES CREEK DR.

City

GREENVILLE

State

SC

Zip Code

29609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ISS FACILITY SERVICES INC.

Occupation

VICE PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2014

Transaction ID : SA11AI.108656

Amount of Each Receipt this Period

1000.00

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

2500.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 165

(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**FRED LAMPROPOULOS****A.**

Mailing Address 1600 W. MERIT PARKWAY

City

SOUTH JORDAN

State

UT

Zip Code

84095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11Al.108705

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**ROBERT J LEWIS****B.**

Mailing Address 4021 GULF OF MEXICO DR.

City

LONGBOAT KEY

State

FL

Zip Code

34228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2014

Transaction ID : SA11Al.108545

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**CHRISTOPHER B. LOFGREN****C.**

Mailing Address 411 RIDGE CT.

City

KOHLE

State

WI

Zip Code

53044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCHNEIDER INTERNATIONAL

Occupation

CEO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2014

Transaction ID : SA11Al.108383

Amount of Each Receipt this Period

1000.00

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

6000.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**CLAY A. LOOMIS****A.**

Mailing Address 4800 KETCHUM CT.

City

GRANITE BAY

State

CA

Zip Code

95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GBD COMMUNITIES

Occupation

MANAGING PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

**Transaction ID : SA11Al.108707**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**BRIAN LOWE****B.**

Mailing Address 863 OSAGE RD.

City

PITTSBURGH

State

PA

Zip Code

15243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DV SPORT

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2014

**Transaction ID : SA11Al.108538**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**JOSHUA LUKEMAN****C.**Mailing Address 853 - 7TH AVE.  
7A

City

NEW YORK

State

NY

Zip Code

10019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

**Transaction ID : SA11Al.108617**

Amount of Each Receipt this Period

1000.00

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

2500.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 165

(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. GARY L LUNDY**

Mailing Address 315 W THIRD STREET

City

PITTSBURG

State

KS

Zip Code

66762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WATCO COMPANIES

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2014

Transaction ID : SA11Al.108298

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

**TODD C MAISCH**

Mailing Address 43 ILLMO DR.

City

SPRINGFIELD

State

IL

Zip Code

62711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ILLINOIS CHAMBER OF COMMERCE

Occupation

PRESIDENT &amp; CEO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2014

Transaction ID : SA11Al.108299

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

**DAVID J MALONE**Mailing Address 444 LIBERTY AVE.  
STE. 750

City

PITTSBURGH

State

PA

Zip Code

15222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2014

Transaction ID : SA11Al.108539

Amount of Each Receipt this Period

2500.00

**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)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 165

(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**STEVEN MANKOFF**

Mailing Address 2373 BROADWAY

APT. 1608

City

NEW YORK

State

NY

Zip Code

10024

FEC ID number of contributing federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		22		2014

Transaction ID : SA11Al.108618

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**LINWOOD S MATHER III**

Mailing Address PO BOX 108

City

CANTON CENTER

State

CT

Zip Code

06020

FEC ID number of contributing federal political committee.

C

Name of Employer

MATHER CORPORATION

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		22		2014

Transaction ID : SA11Al.108619

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**JAMES P MCANDREW**

Mailing Address 19 LENORE RD

City

CALIFON

State

NJ

Zip Code

07830

FEC ID number of contributing federal political committee.

C

Name of Employer

MATTHEW OUTDOOR ADVERTISING

Occupation

CEO/PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		22		2014

Transaction ID : SA11Al.108620

Amount of Each Receipt this Period

2500.00

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

4500.00

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

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

 Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JOHN S MCCLELLAND JR.**

A.

Mailing Address 109 LANIER AVE.

City

MOBILE

State

AL

Zip Code

36607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARTIN ENERGY SERVICES, LLC

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		11		2014

Transaction ID : SA11Al.108367

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MICHAEL W MCLANAHAN**

B.

Mailing Address 1111 PINE ST

City

HOLLIDAYSBURG

State

PA

Zip Code

16648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCLANAHAN CORPORATION

Occupation

BUSINESSMAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2014

Transaction ID : SA11Al.108714

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**GEORGE S MCNALLY**

C.

Mailing Address 1493 HOGAN AVE

City

CHESTERTON

State

IN

Zip Code

46304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NATIONAL STEEL CAR, LTD.

Occupation

SENIOR VICE PRESIDENT OF MARKETING

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		28		2014

Transaction ID : SA11Al.108300

Amount of Each Receipt this Period

1000.00

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

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

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**TIMOTHY P MCNULTY****A.**

Mailing Address 106 LINDEN AVE.

City

PITTSBURGH

State

PA

Zip Code

15208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARNEGIE MELLON UNIVERSITY

Occupation

EDUCATION ADMINISTRATION

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2014

Transaction ID : SA11Al.108258

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MATTHEW P. MCTISH****B.**

Mailing Address 5728 RICKY RIDGE TRL

City

OREFIELD

State

PA

Zip Code

18069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCTISH, KUNKEL &amp; ASSOCIATES

Occupation

CONSULTING ENGINEER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2014

Transaction ID : SA11Al.108654

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**JOHN MILLER****C.**

Mailing Address 1137 SILAS DEANE HWY.

City

WETHERSFIELD

State

CT

Zip Code

06109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLOSE, JENSEN &amp; MILLER, P.C.

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11Al.108621

Amount of Each Receipt this Period

1000.00

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

3000.00

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



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

 Use separate schedule(s)  
 for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**CAROL A MITCHELL****A.**

Mailing Address 2 CHRISTINE LN.

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENVIRONMENTAL SERVICES INC.

Occupation

OWNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

**Transaction ID : SA11AI.108693**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**MRS. JENNIFER F MORRISON****B.**

Mailing Address 2100 S NOBLE

City

SPRINGFIELD

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRANSPORTATION FOR ILLINOIS COALITION

Occupation

MANAGING DIRECTOR

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2014

**Transaction ID : SA11AI.108301**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**OBERMAYER REBMANN MAXWELL & HIPPEL LLP****C.**

Mailing Address 200 LOCUST ST SUITE 400

City

HARRISBURG

State

PA

Zip Code

17101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

**Transaction ID : SA11AI.108728**

Amount of Each Receipt this Period

1000.00

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

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ROBERT JUBELIRER****A.**

Mailing Address 1617 JOHN F. KENNEDY BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OBERMAYER REBMANN MAXWELL &amp; HIPPEL

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

**Transaction ID : SA11Al.108729**

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**PARTNERSHIP OBERMAYER REBMANN MAXWELL  
& HIPPEL LLP**B.**

Full Name (Last, First, Middle Initial)

**JOHN R OLENDER SR.**

Mailing Address 48 ABBOTT RD.

City

ELLINGTON

State

CT

Zip Code

06029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OLENDER GROUP

Occupation

OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : SA11Al.108622**

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

**RAYMOND R ONEGLIA**

Mailing Address 112 WALL ST.

City

TORRINGTON

State

CT

Zip Code

06790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

O&amp;G INDUSTRIES INC.

Occupation

VICE CHAIRMAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

**Transaction ID : SA11Al.108243**

Amount of Each Receipt this Period

2500.00

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

3500.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JASON PAVLUCHUK****A.**

Mailing Address 14317 MEAGAN LOOP

City

GAINESVILLE

State

VA

Zip Code

20155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PAVLUCHUK AND ASSOCIATES

Occupation

PRINCIPAL

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2014

Transaction ID : SA11AI.108244

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**KAREN E PFEFFER****B.**

Mailing Address 160 STONEHEDGE RD

City

HOLLIDAYSBURG

State

PA

Zip Code

16648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2014

Transaction ID : SA11AI.108639

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**CHARLES H QUANDEL****C.**Mailing Address 360 W HUBBARD ST.  
UNIT 4201

City

CHICAGO

State

IL

Zip Code

60654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

QUANDEL CONSULTANTS

Occupation

CEO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2014

Transaction ID : SA11AI.108271

Amount of Each Receipt this Period

2500.00

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

4500.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**GEORGE A RIFENBURG**

A.

Mailing Address 129 DATER HILL RD.

City

TROY

State

NY

Zip Code

12180

FEC ID number of contributing federal political committee.

C

Name of Employer

RIFENBURG COMPANIES

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2014

Transaction ID : SA11Al.108384

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**JASON CABEL ROE**

B.

Mailing Address 2715 MORAVA PLACE

City

SAN DIEGO

State

CA

Zip Code

92110

FEC ID number of contributing federal political committee.

C

Name of Employer

REVOLVIS

Occupation

PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11Al.108653

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**GEORGE R ROGERS**

C.

Mailing Address 1201 S LADS ST.

City

ARLINGTON

State

VA

Zip Code

22202

FEC ID number of contributing federal political committee.

C

Name of Employer

WEXLER &amp; WALKER

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11Al.108623

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**PAUL S ROGERS**

A.

Mailing Address 524 VINTAGE DR.

City

PROVO

State

UT

Zip Code

84604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.108692

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**ARTHUR J ROONEY IL**

B.

Mailing Address 1300 INVERNESS AVE

City

PITTSBURGH

State

PA

Zip Code

15217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STEELERS FOOTBALL ORGANIZATION

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : SA11AI.108543

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**ARNON ROSAN**

C.

Mailing Address 301 EAST 78TH STREET  
APT. 10C

City

NEW YORK

State

NY

Zip Code

10075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOCALMAVEN.COM LLC

Occupation

CEO

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SA11AI.108531

Amount of Each Receipt this Period

1000.00

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

4500.00

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

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

 Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**PAUL ROSENFELD****A.**

Mailing Address 213 WEST INSITUTE PLACE STE. 404

City

CHICAGO

State

IL

Zip Code

60610

FEC ID number of contributing federal political committee.

C

Name of Employer

GOVERNMENT NAVIGATION GROUP

Occupation

MANAGING PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11Al.108624

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**CLIFFORD R ROWE****B.**

Mailing Address 707 AMBERSON AVE.

City

PITTSBURGH

State

PA

Zip Code

15232

FEC ID number of contributing federal political committee.

C

Name of Employer

TRUMBALL CORP.

Occupation

CONTRACTOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : SA11Al.108540

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

**DIANE D ROWE****C.**

Mailing Address 707 AMBERSON AVE.

City

PITTSBURGH

State

PA

Zip Code

15232

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INTERIOR DECORATOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : SA11Al.108541

Amount of Each Receipt this Period

400.00

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

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

4500.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MEREDITH G RUBENZAHL**

Mailing Address 115 CENTRAL PARK WEST  
APT. 4D

City	State	Zip Code
NEW YORK	NY	10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11Al.108625

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**PATRICIA A SABO**

Mailing Address 1060 STITT RD.

City	State	Zip Code
CLYMER	PA	15728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11Al.108722

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**ANGELO F SAVIANO**

Mailing Address 14 W CONTI PKWY.

City	State	Zip Code
ELMWOOD PARK	IL	60707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VILLAGE OF ELMWOOD PARK

Occupation  
VILLAGE PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2014

Transaction ID : SA11Al.108302

Amount of Each Receipt this Period

1000.00

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

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

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**PATRICIA SEROTKIN****A.**

Mailing Address 1072 CENTER ST N

City

EBENSBURG

State

PA

Zip Code

15931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST FRANCIS UNIVERSITY

Occupation

VP - STRATEGIC INITIATIVES

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

4750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : SA11Al.108590

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**SHAKOPEE MDEWAKANTON SIOUX COMMUNITY****B.**

Mailing Address 2330 SIOUX TRAIL NW

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11Al.108735

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**DAVID K SKERRETT****C.**

Mailing Address 1143 MAIN ST.

City

DUNSTABLE

State

MA

Zip Code

01827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MIDDLESEX CORPORATION

Occupation

VICE PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11Al.108626

Amount of Each Receipt this Period

500.00

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

5600.00

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



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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**GERALD B SLICK**

A.

Mailing Address PO BOX 319

City

ROARING SPRING

State

PA

Zip Code

16673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SLICK ASSOCIATES

Occupation  
REAL ESTATE APPRAISER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2014

Transaction ID : SA11Al.108585

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**ALBERT H SMALL**

B.

Mailing Address 7116 GLENBROOK RD.

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN ENGINEERING CORPORATION

Occupation  
PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 14 / 2014

Transaction ID : SA11Al.108245

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**SHAWN H SMEALLIE**

C.

Mailing Address 1310 BISHOP LN

City

ALEXANDRIA

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN CONTINENTAL GROUP

Occupation  
PRINCIPAL/LOBBYIST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2014

Transaction ID : SA11Al.108532

Amount of Each Receipt this Period

1000.00

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

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

2050.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. JAMES P SMITH**

Mailing Address 3339 STEPHENSON PLACE NW

City

WASHINGTON

State

DC

Zip Code

20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SMITH DAWSON & ANDREWS

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 18 2014

Transaction ID : SA11AI.108259

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MARIO SMITH**

Mailing Address 112 GOOD HILL RD

City

WESTON

State

CT

Zip Code

06883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WATERS CONSTRUCTION CO., INC.

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 22 2014

Transaction ID : SA11AI.108627

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**DANIEL P SMITH**

Mailing Address 229 LYNN HAVEN DR.

City

PITTSBURGH

State

PA

Zip Code

15228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JAMES L. SMITH INSURANCE AGENCY, INC.

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 10 2014

Transaction ID : SA11AI.108542

Amount of Each Receipt this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**KENNETH C STOVER**

A.

Mailing Address 817 NEW ST

City

ROARING SPRING

State

PA

Zip Code

16673

FEC ID number of contributing federal political committee.

C

Name of Employer

KENNETH C. STOVER INC

Occupation

OWNER/INSURANCE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2014

Transaction ID : SA11Al.108587

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**LONNIE P SUTTON**

B.

Mailing Address 417 WINFIELD RD.

City

CABOT

State

PA

Zip Code

16023

FEC ID number of contributing federal political committee.

C

Name of Employer

US SECURITY ASSOCIATES

Occupation

BRANCH MANAGER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2014

Transaction ID : SA11Al.108537

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MR. HENRY SUZIO**

C.

Mailing Address PO BOX 748

City

MERIDEN

State

CT

Zip Code

06450

FEC ID number of contributing federal political committee.

C

Name of Employer

L. SUZIO CONCRETE

Occupation

SALES

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4750.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2014

Transaction ID : SA11Al.108628

Amount of Each Receipt this Period

2500.00

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

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

3600.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ROCHELLE M TARLOWE**

Mailing Address 215 90TH ST W

APT 7-E

City

NEW YORK

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AVIS BUDGET GROUP

Occupation  
TREASURER

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2014

Transaction ID : SA11AI.108629

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**MR. TYLER J TRIMBATH**

Mailing Address 182 ALLEN STREET

City

PORTAGE

State

PA

Zip Code

15946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIKEHAVRX.COM PUBLISHING, LLC

Occupation  
DIRECTOR OF BUSINESS DEVELOPMENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 13 / 2014

Transaction ID : SA11AI.108368

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**VINCENT P TUTINO**

Mailing Address 3031 WILMINGTON ROAD

City

NEW CASTLE

State

PA

Zip Code

16105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINDY PAVING INC.

Occupation  
PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

6300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2014

Transaction ID : SA11AI.108544

Amount of Each Receipt this Period

1000.00

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

3500.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JAMES W VAN BUREN****A.**

Mailing Address 155 STRATFORD CT

City

HOLLIDAYSBURG

State

PA

Zip Code

16648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW ENTERPRISE STONE AND LIME

Occupation

CONTRACTOR/COO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

**Transaction ID : SA11Al.108719**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**JAMES H VENABLE****B.**

Mailing Address 575 7TH ST. NW

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VENABLE, LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

**Transaction ID : SA11Al.108321**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**RICHARD F VITARELLI****C.**

Mailing Address 22 CARDINAL DR.

City

GLASTONBURY

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARTER &amp; ENGLISH, LLP

Occupation

PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : SA11Al.108630**

Amount of Each Receipt this Period

1000.00

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

3500.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**PHILIP WAGMAN****A.**

Mailing Address 300 CENTRAL PARK WEST

City

NEW YORK

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLIFFORD CHANCEOccupation  
ATTORNEY

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : SA11Al.108530

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**WILLIAM T WARD****B.**

Mailing Address 3521 SYLVAN HEIGHTS DR

City

HOLLIDAYSBURG

State

PA

Zip Code

16648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WARD TRANSPORT & LOGISTICSOccupation  
PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11Al.108718

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**ERNEST WECHSLER****C.**

Mailing Address 5 PUTNAM ROAD

City

SCARSDALE

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KRAMER LEVIN NAFTALIS & FRANKELOccupation  
ATTORNEY

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : SA11Al.108551

Amount of Each Receipt this Period

1000.00

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

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**GARY L WELESKI****A.**

Mailing Address 161 HELIN DR.

City

NATRONA HEIGHTS

State

PA

Zip Code

15065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WELESKI TRANSFER, INC.

Occupation

OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : SA11AI.108546

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**JOAN WHEELER****B.**

Mailing Address 198 PINNACLE CIRCLE

City

SOMERSET

State

PA

Zip Code

15501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : SA11AI.108640

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**HASSAN Y. ZAMMAN****C.**

Mailing Address 166 HOLLOW RUN TRAIL

City

DUNCANSVILLE

State

PA

Zip Code

16635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SA11AI.108579

Amount of Each Receipt this Period

500.00

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

2500.00

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

145342.46

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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)

**ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC**

Mailing Address P.O. BOX 98000

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

**C** C00335570

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 18 2014

**Transaction ID : SA11C.108369**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**AERONAUTICAL REPAIR STATION ASSOCIATION PAC**

Mailing Address 121 W HENRY ST.

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C** C00409029

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 18 2014

**Transaction ID : SA11C.108371**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**ALLIANT ENERGY CORPORATION EMPLOYEE'S POLITICAL ACTION COMM**

Mailing Address 801 PENNSYLVANIA AVE, NW  
SUITE 640

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C** C00132092

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 29 2014

**Transaction ID : SA11C.108674**

Amount of Each Receipt this Period

2000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ALLIANT TECHSYSTEMS INC. EMPLOYEE CITIZENSHIP FUND**

Mailing Address 1300 WILSON BLVD

SUITE 400

City

ROSSLYN

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

**C** C00250209

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 11 / 2014

Transaction ID : SA11C.108360

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**AMERICAN COMMERCIAL LINES INC. PAC**

Mailing Address 1701 EAST MARKET STREET

City

JEFFERSONVILLE

State

IN

Zip Code

47130

FEC ID number of contributing  
federal political committee.

**C** C00418269

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 11 / 2014

Transaction ID : SA11C.108361

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**AMERICAN CONCRETE PIPE ASSOCIATION PAC**

Mailing Address 8445 FREEPORT PKWY

SUITE 350

City

IRVING

State

TX

Zip Code

75063

FEC ID number of contributing  
federal political committee.

**C** C00425686

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

4500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 25 / 2014

Transaction ID : SA11C.108459

Amount of Each Receipt this Period

1000.00

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

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

5000.00

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

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

FOR LINE NUMBER:

PAGE 50 OF 165

(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)

**AMERICAN ELECTRIC POWER**

Mailing Address 801 PENNSYLVANIA AVENUE NW

SUITE 320

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C** C00096842

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

6500.00

Date of Receipt

M M / D D / Y Y Y Y  
 08 / 11 / 2014

Transaction ID : SA11C.108362

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**AMERICAN SHORTLINBE & REGIONAL RAILROAD ASSOC. PAC (ASLRRA-PAC)**

Mailing Address 50 F ST NW SUITE 7020

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00298190

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
 07 / 28 / 2014

Transaction ID : SA11C.108281

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**AMERICAN VETERINARY MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (AVMA PAC)**

Mailing Address 1910 SUNDERLAND PLACE, NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00114132

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 / 19 / 2014

Transaction ID : SA11C.108594

Amount of Each Receipt this Period

1000.00

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

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

6000.00

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

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**AMERICAN WATERWAYS OPERATORS PAC**

 Mailing Address 801 QUINCY ST N  
 SUITE 200

City	State	Zip Code
ARLINGTON	VA	22203

 FEC ID number of contributing  
 federal political committee.

**C** C00034678

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2014

**Transaction ID : SA11C.108363**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**ARCHIPAC -THE AMERICAN INSTITUTE OF ARCHITECTS**

Mailing Address 1735 NEW YORK AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20006

 FEC ID number of contributing  
 federal political committee.

**C** C00139071

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2014

**Transaction ID : SA11C.108283**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**ARDA-ROC**

Mailing Address 1201 15TH ST NW SUITE 400

City	State	Zip Code
WASHINGTON	DC	20005

 FEC ID number of contributing  
 federal political committee.

**C** C00358663

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2014

**Transaction ID : SA11C.108284**

Amount of Each Receipt this Period

5000.00

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

10500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)  
**ASH GROVE CEMENT POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 25900

City	State	Zip Code
OVERLAND PARK	KS	66225

FEC ID number of contributing federal political committee.

**C** C00102517

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 05 / 2014

Transaction ID : SA11C.108315

Amount of Each Receipt this Period

1000.00

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

Mailing Address 121 HENRY ST N

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee.

**C** C00010124

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 18 / 2014

Transaction ID : SA11C.108370

Amount of Each Receipt this Period

1500.00

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

Mailing Address 1000 VERMONT AVENUE, NW  
SUITE 450

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee.

**C** C00442996

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2014

Transaction ID : SA11C.108595

Amount of Each Receipt this Period

5000.00

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

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

7500.00

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

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

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(check only one)

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☐ 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)

**AT&T INC FEDERAL PAC**

Mailing Address 208 AKARD ST S

SUITE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing  
federal political committee.

**C** C00109017

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2014

Transaction ID : SA11C.108592

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**AUTOMOTIVE FREE INTERNATIONAL TRADE PAC**

Mailing Address 1625 PRINCE ST SUITE 225

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C** C00250399

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 14 / 2014

Transaction ID : SA11C.108240

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC PAC**

Mailing Address 920 MASSACHUSETTS AVE NW STE. 900

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00431072

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

7000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 05 / 2014

Transaction ID : SA11C.108316

Amount of Each Receipt this Period

2500.00

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

10000.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS**

Mailing Address 1370 ONTARIO ST

City

CLEVELAND

State

OH

Zip Code

44113

FEC ID number of contributing  
federal political committee.

C

C00099234

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SA11C.108678

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**BUSPAC**

Mailing Address 111 K STREET NE - NINTH FLOOR

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

C00004879

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : SA11C.108282

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**CALGON CARBON CORPORATION PAC INC DBA CCC PAC OR CALGON CARBON PAC**

Mailing Address 400 CALGON CARBON DRIVE

City

PITTSBURGH

State

PA

Zip Code

15205

FEC ID number of contributing  
federal political committee.

C

C00543876

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : SA11C.108547

Amount of Each Receipt this Period

1000.00

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

8500.00

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

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

 Use separate schedule(s)  
 for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**CANAL BARGE PAC**

Mailing Address 835 UNION STREET

City

NEW ORLEANS

State

LA

Zip Code

70112

 FEC ID number of contributing  
 federal political committee.

**C** C00541110

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2014

**Transaction ID : SA11C.108372**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**CEMEX INC EMPLOYEES PAC**

 Mailing Address 929 GESSNER RD.  
 STE. 1900

City

HOUSTON

State

TX

Zip Code

77024

 FEC ID number of contributing  
 federal political committee.

**C** C00111880

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

**Transaction ID : SA11C.108597**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**CF INDUSTRIES, INC. EMPLOYEES' GOOD GOVERNMENT FUND**

 Mailing Address 4 PARKWAY NORTH  
 SUITE 400

City

DEERFIELD

State

IL

Zip Code

60015

 FEC ID number of contributing  
 federal political committee.

**C** C00076588

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2014

**Transaction ID : SA11C.108536**

Amount of Each Receipt this Period

1000.00

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

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

6000.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**CITIZENS FOR PROSPERITY IN AMERICA TODAY PAC**

**A.**

Mailing Address 228 S WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C** C00491654

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11C.108731**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**COMCAST CORPORATION PAC**

**B.**

Mailing Address ONE COMCAST CENTER  
1701 JFK BOULEVARD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing  
federal political committee.

**C** C00248716

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11C.108679**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**CON-WAY INC PAC**

**C.**

Mailing Address 2211 OLD EARHART ROAD  
SUITE 100

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

**C** C00110759

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

7000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11C.108680**

Amount of Each Receipt this Period

5000.00

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

11000.00

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



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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DEALERS ELECTION ACTION COMMITTEE**

Mailing Address 8400 WESTPARK DR

City

MC LEAN

State

VA

Zip Code

22102

FEC ID number of contributing federal political committee.

C C00040998

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SA11C.108582

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

**DEERE AND COMPANY PAC (AKA JOHN DEERE PAC)**

Mailing Address ONE JOHN DEERE PLACE

City

MOLINE

State

IL

Zip Code

61265

FEC ID number of contributing federal political committee.

C C00204099

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : SA11C.108287

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**DELTA AIR LINES PAC**

Mailing Address 1212 NEW YORK AVE NW STE. 200

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing federal political committee.

C C00104802

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11C.108681

Amount of Each Receipt this Period

2000.00

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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)

**DLA PIPER PAC**

Mailing Address 500 EIGHTH STREET NW

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C** C00151340

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

4250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 28 2014

Transaction ID : SA11C.108285

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND**

Mailing Address 2345 CRYSTAL DRIVE  
SUITE 915

City

ARLINGTON

State

VA

Zip Code

22202

FEC ID number of contributing  
federal political committee.

**C** C00275123

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 02 2014

Transaction ID : SA11C.108524

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**EAGLE FORUM PAC**

Mailing Address PO BOX 618

City

ALTON

State

IL

Zip Code

62002

FEC ID number of contributing  
federal political committee.

**C** C70002423

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2014

Transaction ID : SA11C.108730

Amount of Each Receipt this Period

1000.00

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

3250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**EAT'N PARK RESTAURANTS INC POLITICAL ACTION COMMITTEE**

**A.**

Mailing Address 285 EAST WATERFRONT DRIVE

City

HOMESTEAD

State

PA

Zip Code

15120

FEC ID number of contributing  
federal political committee.

**C** C00251132

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

09 / 10 / 2014

**Transaction ID : SA11C.108549**

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

**ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1**

Mailing Address 5850 ELIZABETH AVE

City

ST. LOUIS

State

MO

Zip Code

63110

FEC ID number of contributing  
federal political committee.

**C** C00041939

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

09 / 26 / 2014

**Transaction ID : SA11C.108659**

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

**EMBRAER AIRCRAFT HOLDING INC POLITICAL ACTION COMMITTEE (EMBRAER PAC)**

Mailing Address 276 SW 34TH STREET

City

FT LAUDERDALE

State

FL

Zip Code

33315

FEC ID number of contributing  
federal political committee.

**C** C00472225

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

07 / 28 / 2014

**Transaction ID : SA11C.108286**

Amount of Each Receipt this Period

1500.00

3500.00

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

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

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

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12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**EMPLOYEES OF NORTHROP GRUMMAN CORP**

Mailing Address 520 GRAND AVE S  
 SUITE 700

City State Zip Code  
 LOS ANGELES CA 90071

FEC ID number of contributing  
federal political committee.

**C** C00088591

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 02 2014

Transaction ID : SA11C.108525

Amount of Each Receipt this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
**ERIE INDEMNITY COMPANY PAC - FEDERAL**

Mailing Address 100 ERIE INSURANCE PLACE

City State Zip Code  
 ERIE PA 16530

FEC ID number of contributing  
federal political committee.

**C** C00153577

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 22 2014

Transaction ID : SA11C.108598

Amount of Each Receipt this Period

2000.00

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

Mailing Address 76 MAIN ST S

City State Zip Code  
 AKRON OH 44308

FEC ID number of contributing  
federal political committee.

**C** C00140855

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 22 2014

Transaction ID : SA11C.108599

Amount of Each Receipt this Period

3000.00

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

6500.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**FRIENDS OF JASON CHAFFETZ**

**A.**

Mailing Address 315 WESTFIELD CIRCLE

City

ALPINE

State

UT

Zip Code

84004

FEC ID number of contributing  
federal political committee.

**C** C00431684

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11C.108685**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**GARVERPAC**

**B.**

Mailing Address PO BOX 1084

City

NORTH LITTLE ROCK

State

AR

Zip Code

72115

FEC ID number of contributing  
federal political committee.

**C** C00559609

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11C.108704**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**GATX PAC**

**C.**

Mailing Address 222 WEST ADAMS STREET

City

CHICAGO

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

**C** C00118703

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2014

**Transaction ID : SA11C.108261**

Amount of Each Receipt this Period

1000.00

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

2750.00

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

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

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**GENERAL ELECTRIC COMPANY PAC**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 1100

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing  
federal political committee.

**C** C00024869

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

9000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11C.108600

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**GENERAL MOTORS CORPORATION PAC**

Mailing Address 25 MASSACHUSETTS AVE NW STE 400

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing  
federal political committee.

**C** C00076810

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

8500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2014

Transaction ID : SA11C.108358

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**GENERAL MOTORS CORPORATION PAC**

Mailing Address 25 MASSACHUSETTS AVE NW STE 400

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing  
federal political committee.

**C** C00076810

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11C.108732

Amount of Each Receipt this Period

1500.00

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

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

5500.00

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**HIGHMARK HEALTH PAC**

**A.**

Mailing Address 1800 CENTER ST

City

CAMP HILL

State

PA

Zip Code

17089

FEC ID number of contributing  
federal political committee.

**C** C00302844

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11C.108658**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**HILTON WORLDWIDE POLITICAL ACTION COMMITTEE**

**B.**

Mailing Address 7930 JONES BRANCH DRIVE, STE 1100

City

MCLEAN

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

**C** C00213074

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2014

**Transaction ID : SA11C.108262**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**HOLCIM (US) INC. PAC**

**C.**

Mailing Address 201 JONES RD

City

WALTHAM

State

MA

Zip Code

02451

FEC ID number of contributing  
federal political committee.

**C** C00213348

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2014

**Transaction ID : SA11C.108601**

Amount of Each Receipt this Period

3000.00

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

6500.00

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

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**INGRAM BARGE COMPANY PAC**

Mailing Address ONE BELLE MEADE PL 4400 HARDING RD

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing  
federal political committee.

**C** C00364471

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 11 / 2014

Transaction ID : SA11C.108364

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**INTERNATIONAL COUNCIL OF SHOPPING CENTERS**

Mailing Address 1399 NEW YORK AVENUE NW  
SUITE 720

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00217638

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 05 / 2014

Transaction ID : SA11C.108317

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**JONES WALKER L.L.P.**

Mailing Address 201 ST. CHARLES AVENUE  
49TH FLOOR

City

NEW ORLEANS

State

LA

Zip Code

70170

FEC ID number of contributing  
federal political committee.

**C** C00111534

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 18 / 2014

Transaction ID : SA11C.108373

Amount of Each Receipt this Period

1000.00

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

4500.00

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



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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**KBR, INC. PAC**

Mailing Address 601 JEFFERSON

SUITE 3746C

City

HOUSTON

State

TX

Zip Code

77002

FEC ID number of contributing  
federal political committee.

**C** C00431114

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11C.108602

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**KIRBY PAC**

Mailing Address 55 WAUGH DR SUITE 1000

City

HOUSTON

State

TX

Zip Code

77007

FEC ID number of contributing  
federal political committee.

**C** C00250027

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2014

Transaction ID : SA11C.108374

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**KOCH PAC**

Mailing Address 655 15TH ST NW

SUITE 445

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00236489

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

8000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2014

Transaction ID : SA11C.108359

Amount of Each Receipt this Period

2000.00

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

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

6000.00

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**KOCH PAC**

Mailing Address 655 15TH ST NW

SUITE 445

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C**

C00236489

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11C.108695

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**LAFARGE NORTH AMERICA INC POLITICAL ACTION COMMITTEE**

Mailing Address 13450 SUNRISE VALLEY DRIVE

SUITE 220

City

RESTON

State

VA

Zip Code

20191

FEC ID number of contributing  
federal political committee.

**C**

C00431007

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2014

Transaction ID : SA11C.108603

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**LEHIGH HANSON INC POLITICAL ACTION COMMITTEE**

Mailing Address 300 E JOHN CARPENTER FREEWAY

City

IRVING

State

TX

Zip Code

75062

FEC ID number of contributing  
federal political committee.

**C**

C00493270

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 28 / 2014

Transaction ID : SA11C.108288

Amount of Each Receipt this Period

2500.00

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

5500.00

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

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**LIBERTY MUTUAL INSURANCE COMPANY - PAC**

**A.**

Mailing Address 175 BERKELEY STREET

City

BOSTON

State

MA

Zip Code

02117

FEC ID number of contributing  
federal political committee.

**C**

C00171843

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2014

**Transaction ID : SA11C.108682**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**LOWE'S COMPANIES INC PAC**

**B.**

Mailing Address 1000 LOWE'S BOULEVARD

City

MOORESVILLE

State

NC

Zip Code

28117

FEC ID number of contributing  
federal political committee.

**C**

C00251751

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2014

**Transaction ID : SA11C.108263**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**MERIT MEDICAL SYSTEMS INC EMPLOYEE GOOD GOVERNANCE PAC**

**C.**

Mailing Address 1600 MERIT PARKWAY

City

SOUTH JORDAN

State

UT

Zip Code

84095

FEC ID number of contributing  
federal political committee.

**C**

C00475343

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2014

**Transaction ID : SA11C.108683**

Amount of Each Receipt this Period

5000.00

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

8000.00

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

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

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**NATIONAL AIR TRAFFIC CONTROLLERS PAC**

Mailing Address 1325 MASSACHUSETTS AVE NW

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00238725

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11C.108723

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)**

Mailing Address 9110 EAST NICHOLS AVENUE

City

CENTENNIAL

State

CO

Zip Code

80112

FEC ID number of contributing  
federal political committee.

**C** C00028787

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2014

Transaction ID : SA11C.108593

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Mailing Address 50 F STREET NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00002238

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2014

Transaction ID : SA11C.108264

Amount of Each Receipt this Period

2500.00

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

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

7500.00

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

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for each category of the  
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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**NATIONAL MULTI HOUSING COUNCIL PAC**

**A.**

Mailing Address 1850 M ST NW SUITE 540

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00130773

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

11000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11C.108677**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**NATIONAL SHOOTING SPORTS FOUNDATION INC PAC NSSF PAC OR NSSF PAC**

**B.**

Mailing Address 11 MILE HILL RD

City

NEWTOWN

State

CT

Zip Code

06470

FEC ID number of contributing  
federal political committee.

**C** C00480863

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11C.108583**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**NATIONAL TURKEY FEDERATION POLITICAL ACTION COMMITEE/TURPAC**

**C.**

Mailing Address 1225 NEW YORK AVE NW  
STE 400

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00076182

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11C.108584**

Amount of Each Receipt this Period

1000.00

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

4500.00

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

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

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

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(check only one)

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☐ 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)

**NESTLE WATERS NORTH AMERICA INC. PAC**

**A.**

Mailing Address 777 W PUTNAM AVE.

City

GREENWICH

State

CT

Zip Code

06836

FEC ID number of contributing  
federal political committee.

**C** C00302943

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2014

**Transaction ID : SA11C.108605**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**NORTH SIDE GOOD GOVERNMENT**

**B.**

Mailing Address 3400 WATER ST S

City

PITTSBURGH

State

PA

Zip Code

15203

FEC ID number of contributing  
federal political committee.

**C** C00295600

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2014

**Transaction ID : SA11C.108548**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**NRG ENERGY INC POLITICAL ACTION COMMITTEE (NRG PAC)**

**C.**

Mailing Address 211 CARNEGIE CENTER

City

PRINCETON

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

**C** C00366559

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11C.108694**

Amount of Each Receipt this Period

1000.00

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

4500.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**OLD CASTLE MATERIALS INC. PAC**

Mailing Address 101 CONSTITUTION AVE NW  
SUITE 600W

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee.

**C** C00346353

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

9000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2014

Transaction ID : SA11C.108604

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**OLD DOMINION FREIGHT LINE INC POLITICAL ACTION COMMITTEE (OLD DOMINION PAC)**

Mailing Address 500 OLD DOMINION WAY

City	State	Zip Code
THOMASVILLE	NC	27360

FEC ID number of contributing federal political committee.

**C** C00496836

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2014

Transaction ID : SA11C.108265

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**PENSKE TRUCK LEASING CO LP**

Mailing Address ROUTE 10 GREEN HILLS  
PO BOX 563

City	State	Zip Code
READING	PA	19603

FEC ID number of contributing federal political committee.

**C** C00373217

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11C.108696

Amount of Each Receipt this Period

2500.00

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

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

4500.00

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**PG&E CORPORATION EMPLOYEES ENERGY PAC**

Mailing Address 77 BEALE STREET

PO BOX 770000 B29H

City

SAN FRANCISCO

State

CA

Zip Code

94177

FEC ID number of contributing  
federal political committee.

**C** C00177469

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 28 / 2014

Transaction ID : SA11C.108290

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**POLITICAL EDUCATIONAL FUND OF THE BCTD**

Mailing Address 815 16TH STREET NW

SUITE 600

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

**C** C00003160

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 25 / 2014

Transaction ID : SA11C.108460

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**PPL PEOPLE FOR GOOD GOVT PAC**

Mailing Address TWO NORTH NINTH ST

City

ALLENTOWN

State

PA

Zip Code

18101

FEC ID number of contributing  
federal political committee.

**C** C00228106

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

6500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 05 / 2014

Transaction ID : SA11C.108318

Amount of Each Receipt this Period

2500.00

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

6000.00

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



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

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**PPL PEOPLE FOR GOOD GOVT PAC**

**A.**

Mailing Address TWO NORTH NINTH ST

City

ALLENTOWN

State

PA

Zip Code

18101

FEC ID number of contributing  
federal political committee.

**C** C00228106

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

9000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11C.108684**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**PROFESSIONAL AVIATION SAFETY SPECIALISTS PAC**

**B.**

Mailing Address 1150 17TH STREET NW  
SUITE 702

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00286807

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 28 / 2014

**Transaction ID : SA11C.108289**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**RAILWAY SUPPLY INSTITUTE**

**C.**

Mailing Address 50 F ST NW SUITE 7030

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00261933

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 05 / 2014

**Transaction ID : SA11C.108319**

Amount of Each Receipt this Period

2500.00

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

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

7500.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**REAL ESTATE INVESTMENT TRUSTS**

**A.**

Mailing Address 1875 EYE ST NW SUITE 600

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

**C** C00303339

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 18 / 2014

**Transaction ID : SA11C.108386**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**REAL ESTATE ROUNDTABLE POLITICAL ACTION COMMITTEE (REALPAC)**

**B.**

Mailing Address 801 PENNSYLVANIA AVENUE  
SUITE 720

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C** C00033779

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2014

**Transaction ID : SA11C.108266**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**REALTORS PAC**

**C.**

Mailing Address 430 MICHIGAN AVE N

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

**C** C00030718

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

9000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11C.108581**

Amount of Each Receipt this Period

4000.00

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

10000.00

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

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

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**REALTORS PAC**

Mailing Address 430 MICHIGAN AVE N

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

**C** C00030718

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2014

Transaction ID : SA11C.108676

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**SAIC VOLUNTARY PAC**

Mailing Address 2111 WILSON BOULEVARD  
SUITE 1110

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

**C** C00300418

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 28 / 2014

Transaction ID : SA11C.108291

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**SAILORS' POLITICAL FUND (FKA) SAILORS' UNION OF THE PACIFIC POLITICAL FUND, DON, DON**

Mailing Address 450 HARRISON ST.

City

SAN FRANCISCO

State

CA

Zip Code

94105

FEC ID number of contributing  
federal political committee.

**C** C00011338

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 25 / 2014

Transaction ID : SA11C.108457

Amount of Each Receipt this Period

500.00

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

2500.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**SCHEIDER NATIONAL INC. TRANS PAC**

**A.**

Mailing Address 3101 S PACKERLAND DR.

City

GREEN BAY

State

WI

Zip Code

54305

FEC ID number of contributing  
federal political committee.

**C**

C00563924

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 18 / 2014

**Transaction ID : SA11C.108387**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**SIEMENS CORPORATION PAC**

**B.**

Mailing Address 601 PENNSYLVANIA AVENUE NW  
NORTH BUILDING - SUITE 1100

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C**

C00353797

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

8500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 28 / 2014

**Transaction ID : SA11C.108292**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

**C.**

Mailing Address ONE STATE FARM PLAZA  
C/O MARK SCHWAMBERGER, TREASURER,

City

BLOOMINGTON

State

IL

Zip Code

61710

FEC ID number of contributing  
federal political committee.

**C**

C00544817

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11C.108733**

Amount of Each Receipt this Period

2500.00

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

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

6000.00

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

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**STV GROUP INC PAC**

Mailing Address 205 WEST WELSH DRIVE

City

DOUGLASSVILLE

State

PA

Zip Code

19518

FEC ID number of contributing  
federal political committee.**C** C00214866

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2014

Transaction ID : SA11C.108293

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**SYCUAN BAND OF THE KUMEYAAY NATION**

Mailing Address 5459 SYCUAN ROAD

City

EL CAJON

State

CA

Zip Code

92019

FEC ID number of contributing  
federal political committee.**C** C90009143

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2014

Transaction ID : SA11C.108267

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**TE CONNECTIVITY, INC. POLITICAL ACTION COMMITTEE Telpac**Mailing Address 607 14TH STREET NW  
STE. 250

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00433482

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2014

Transaction ID : SA11C.108675

Amount of Each Receipt this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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)

**THE BOEING COMPANY PAC**

**A.**

Mailing Address 1200 WILSON BLVD

City

ARLINGTON

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

**C** C00142711

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 18 2014

**Transaction ID : SA11C.108385**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**TRW AUTOMOTIVE INC. GOOD GOVERNMENT FUND (TRW GOOD GOVERNMENT FUND)**

**B.**

Mailing Address 12001 TECH CENTER DRIVE

City

LIVONIA

State

MI

Zip Code

48150

FEC ID number of contributing  
federal political committee.

**C** C00025536

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 11 2014

**Transaction ID : SA11C.108365**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**TYSON FOODS INC POLITICAL ACTION COMMITTEE (TYPAC)**

**C.**

Mailing Address PO BOX 2020

City

SPRINGDALE

State

AR

Zip Code

72765

FEC ID number of contributing  
federal political committee.

**C** C00169821

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2014

**Transaction ID : SA11C.108734**

Amount of Each Receipt this Period

2500.00

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

7500.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**U.S. TRAVEL ASSOCIATION PAC****A.**

Mailing Address 1100 NEW YORK AVENUE

SUITE 450W

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00457754

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

**Transaction ID : SA11C.108526**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**UNITED TECHNOLOGIES CORP PAC****B.**

Mailing Address 1101 PENNSYLVANIA AVE NW 10TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20004

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

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2014

**Transaction ID : SA11C.108320**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**VERIZON COMMUNICATION INC GOOD GOVT****C.**

Mailing Address 1300 I ST NW

SUITE 400 W

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00186288

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2014

**Transaction ID : SA11C.108239**

Amount of Each Receipt this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 OF 165

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 805 15TH ST NW SUITE 430

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing  
federal political committee.

**C** C00147173

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2014

Transaction ID : SA11C.108606

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)  
**YRC WORLDWIDE INC PAC**

Mailing Address 10990 ROE AVENUE

City	State	Zip Code
OVERLAND PARK	KS	66211

FEC ID number of contributing  
federal political committee.

**C** C00090209

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2014

Transaction ID : SA11C.108270

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Mailing Address

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

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

6000.00

207500.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. 401 GROUP LLC**

Mailing Address 401 NORTH SECOND STREET

City	State	Zip Code
HARRISBURG	PA	17101

Purpose of Disbursement  
POSTAGE & PRINTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

398.29
--------

Transaction ID : SB17.108216

**B. 401 GROUP LLC**

Mailing Address 401 NORTH SECOND STREET

City	State	Zip Code
HARRISBURG	PA	17101

Purpose of Disbursement  
POSTAGE & PRINTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

677.33
--------

Transaction ID : SB17.108652

**C. ADP**

Mailing Address 1 ADP BLVD

City	State	Zip Code
ROSELAND	NJ	07068

Purpose of Disbursement  
PAYROLL EXPENSES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2014

Amount of Each Disbursement this Period

105.00
--------

Transaction ID : SB17.108308

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

1180.62

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1 ADP BLVD

City	State	Zip Code
ROSELAND	NJ	07068

Purpose of Disbursement  
PAYROLL EXPENSES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2014

Amount of Each Disbursement this Period

32.00
-------

Transaction ID : SB17.108309

**B. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 1 ADP BLVD

City	State	Zip Code
ROSELAND	NJ	07068

Purpose of Disbursement  
PAYROLL TAXES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

1017.29
---------

Transaction ID : SB17.108313

**C. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 1 ADP BLVD

City	State	Zip Code
ROSELAND	NJ	07068

Purpose of Disbursement  
PAYROLL EXPENSES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2014

Amount of Each Disbursement this Period

210.00
--------

Transaction ID : SB17.108522

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

1259.29

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 83 OF 165

☒ 17 ☐ 18 ☐ 19a ☐ 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. ADP**

Mailing Address 1 ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement  
PAYROLL EXPENSES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
08 / 22 / 2014

Amount of Each Disbursement this Period

7.00

Transaction ID : SB17.108523

## **B. ADP**

Mailing Address 1 ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement  
PAYROLL TAXES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
08 / 29 / 2014

Amount of Each Disbursement this Period

958.46

Transaction ID : SB17.108466

## **C. ADP**

Mailing Address 1 ADP BLVD

City ROSELAND State NJ Zip Code 07068

Purpose of Disbursement  
PAYROLL EXPENSES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
09 / 05 / 2014

Amount of Each Disbursement this Period

105.00

Transaction ID : SB17.108699

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

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

1070.46

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1 ADP BLVD

City	State	Zip Code
ROSELAND	NJ	07068

Purpose of Disbursement  
PAYROLL EXPENSES

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

7.00
------

Transaction ID : SB17.108701

**B. ADP**

Mailing Address 1 ADP BLVD

City	State	Zip Code
ROSELAND	NJ	07068

Purpose of Disbursement  
PAYROLL TAXES

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

853.64
--------

Transaction ID : SB17.108636

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City	State	Zip Code
NEWARK	NJ	07101

Purpose of Disbursement  
SEE BELOW

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

22317.63
----------

Transaction ID : SB17.108171

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

23178.27

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. COMFORT INN & SUITES**

Mailing Address 1350 INDIAN SPRINGS ROAD

City	State	Zip Code
INDIANA	PA	15701

Purpose of Disbursement  
LODGING

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

714.21
--------

Transaction ID : SB17.108399

[MEMO ITEM]

**B. FACEBOOK**

Mailing Address 1 HACKER WAY

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement  
ADVERTISING

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

55.86
-------

Transaction ID : SB17.108401

[MEMO ITEM]

**C. BISTRO 71**

Mailing Address 71 NORTH MAIN STREET

City	State	Zip Code
CHAMBERSBURG	PA	17201

Purpose of Disbursement  
MEETING EXPENSE

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

382.00
--------

Transaction ID : SB17.108402

[MEMO ITEM]

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

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ORCHARD RESTAURANT**

Mailing Address 1580 ORCHARD DRIVE

City	State	Zip Code
CHAMBERSBURG	PA	17201

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

849.70

Transaction ID : SB17.108403

[MEMO ITEM]

**B. HOLIDAY INN EXPRESS**

Mailing Address 1097 WAYNE AVENUE

City	State	Zip Code
CHAMBERSBURG	PA	17201

Purpose of Disbursement  
LODGING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

887.26

Transaction ID : SB17.108404

[MEMO ITEM]

**C. WE THE PIZZA**

Mailing Address 305 PENNSYLVANIA AVENUE SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
MEETING EXPENSE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

201.98

Transaction ID : SB17.108405

[MEMO ITEM]

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

0.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. VERIZON WIRELESS**

Mailing Address PO BOX 25505

City	State	Zip Code
LEHIGH VALLEY	PA	18002

Purpose of Disbursement  
CELL PHONE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.108406

[MEMO ITEM]

**B. MARZONI'S**

Mailing Address 165 PATCHWAY ROAD

City	State	Zip Code
DUNCANSVILLE	PA	16635

Purpose of Disbursement  
MEETING EXPENSE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

158.92
--------

Transaction ID : SB17.108407

[MEMO ITEM]

**C. STAPLES**

Mailing Address PLANK ROAD/ORCHARD PLAZA

City	State	Zip Code
ALTOONA	PA	16602

Purpose of Disbursement  
OFFICE SUPPLIES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

517.20
--------

Transaction ID : SB17.108409

[MEMO ITEM]

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. SUPER 8 MOTEL**

Mailing Address 16805 BLAKE RD

City	State	Zip Code
HAGERSTOWN	MD	21740

Purpose of Disbursement  
LODGING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

828.10
--------

Transaction ID : SB17.108411

**[MEMO ITEM]****B. US HOUSE OF REPRESENTATIVES**Mailing Address HOUSE GIFT SHOP  
B-217 LONGWORTH BLDG

City	State	Zip Code
WASHINGTON	DC	20515

Purpose of Disbursement  
GIFTS

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

87.90
-------

Transaction ID : SB17.108412

**[MEMO ITEM]****C. COURTYARD BY MARRIOTT**

Mailing Address 2 CONVENTION CENTER BLVD

City	State	Zip Code
ALTOONA	PA	16602

Purpose of Disbursement  
LODGING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

6718.02
---------

Transaction ID : SB17.108413

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FREEDOMPAY INC**Mailing Address 17 CAMPUS BLVD  
SUITE 100

City NEWTOWN SQUARE State PA Zip Code 19073

Purpose of Disbursement  
MEETING EXPENSE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

103.75
--------

Transaction ID : SB17.108414

**[MEMO ITEM]****B. NEMACOLIN WOODLANDS RESORT & SPA**

Mailing Address 1001 LAFAYETTE DRIVE

City FARMINGTON State PA Zip Code 15437

Purpose of Disbursement  
LODGING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

464.42
--------

Transaction ID : SB17.108415

**[MEMO ITEM]****C. THE GEORGIAN INN OF SOMERSET**

Mailing Address 800 GEORGIAN PLACE DRIVE

City SOMERSET State PA Zip Code 15501

Purpose of Disbursement  
LODGING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

667.90
--------

Transaction ID : SB17.108416

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. EXXON**

Mailing Address 542 SOUTH CENTER STREET

City	State	Zip Code
EBENSBURG	PA	15931

Purpose of Disbursement  
FUEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

90.22
-------

Transaction ID : SB17.108418

**[MEMO ITEM]****B. SCHNEIDERS OF CAPITOL HILL**

Mailing Address 300 MASSACHUSETTS AVENUE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
EVENT BEVERAGES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

414.14
--------

Transaction ID : SB17.108420

**[MEMO ITEM]****C. SUBWAY**

Mailing Address 430 EIGHTH STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
MEETING EXPENSE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

58.79
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Transaction ID : SB17.108422

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PANERA**

Mailing Address 156 FALON LANE

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

478.51
--------

Transaction ID : SB17.108423

[MEMO ITEM]

**B. WINES AND SPIRITS STORE**

Mailing Address 3415 PLEASANT VALLEY BLVD

City	State	Zip Code
ALTOONA	PA	16602

Purpose of Disbursement  
EVENT BEVERAGES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

1327.46
---------

Transaction ID : SB17.108424

[MEMO ITEM]

**C. HAMPTON INN**

Mailing Address 180 CHARLOTTE DRIVE

City	State	Zip Code
ALTOONA	PA	16601

Purpose of Disbursement  
LODGING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

1118.34
---------

Transaction ID : SB17.108425

[MEMO ITEM]

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. COMFORT INN & SUITES**

Mailing Address 1350 INDIAN SPRINGS ROAD

City	State	Zip Code
INDIANA	PA	15701

Purpose of Disbursement  
LODGING

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

2109.15

Transaction ID : SB17.108426

[MEMO ITEM]

**B. FOUR POINTS HOTEL**

Mailing Address 1123 LINCOLN WAY EAST

City	State	Zip Code
CHAMBERSBURG	PA	17201

Purpose of Disbursement  
LODGING

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

904.70

Transaction ID : SB17.108427

[MEMO ITEM]

**C. SHEETZ INC**

Mailing Address 5700 SIXTH AVENUE

City	State	Zip Code
ALTOONA	PA	16602

Purpose of Disbursement  
FUEL

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

506.08

Transaction ID : SB17.108430

[MEMO ITEM]

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

0.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WAL-MART**

Mailing Address 702 SW 8TH ST

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement  
OFFICE EQUIPMENT

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

1122.26

Transaction ID : SB17.108431

**[MEMO ITEM]****B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City	State	Zip Code
NEWARK	NJ	07101

Purpose of Disbursement  
SEE BELOW

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

9550.86

Transaction ID : SB17.108322

**C. EVENT FARM**

Mailing Address 1806 T ST. NW STE. 250

City	State	Zip Code
WASHINGTON	DC	20009

Purpose of Disbursement  
EVENT TICKETS

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

550.00

Transaction ID : SB17.108432

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....

9550.86

**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 PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FREEDOMPAY INC**Mailing Address 17 CAMPUS BLVD  
SUITE 100

City NEWTOWN SQUARE State PA Zip Code 19073

Purpose of Disbursement  
MEETING EXPENSE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

81.45
-------

Transaction ID : SB17.108433

**[MEMO ITEM]****B. HILL COUNTRY BBQ**

Mailing Address 410 7TH STREET NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

871.87
--------

Transaction ID : SB17.108434

**[MEMO ITEM]****C. US AIRWAYS**

Mailing Address 5620 UNIVERSITY PKWY

City WINSTON SALEM State NC Zip Code 27105

Purpose of Disbursement  
AIRFARE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

1992.50
---------

Transaction ID : SB17.108435

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. JOE'S STONE CRAB RESTAURANT**

Mailing Address 11 WASHINGTON AVENUE

City	State	Zip Code
MIAMI BEACH	FL	33139

Purpose of Disbursement  
EVENT CATERING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

525.00
--------

Transaction ID : SB17.108436

[MEMO ITEM]

**B. DELTA AIR LINES**

Mailing Address 1030 DELTA BOULEVARD

City	State	Zip Code
ATLANTA	GA	30320

Purpose of Disbursement  
AIRFARE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

471.50
--------

Transaction ID : SB17.108437

[MEMO ITEM]

**C. SHELL OIL**

Mailing Address 10524 SHARPSBURG PIKE

City	State	Zip Code
HAGERSTOWN	MD	21740

Purpose of Disbursement  
FUEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

91.36
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Transaction ID : SB17.108438

[MEMO ITEM]

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

0.00
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**SCHEDULE B (FEC Form 3)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 619612 MD 2400

City	State	Zip Code
DALLAS	TX	75261

Purpose of Disbursement  
AIRFARE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

743.94
--------

Transaction ID : SB17.108439

**[MEMO ITEM]****B. FAIRMONT**

Mailing Address 510 MARKET STREET

City	State	Zip Code
PITTSBURGH	PA	15222

Purpose of Disbursement  
LODGING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

718.20
--------

Transaction ID : SB17.108441

**[MEMO ITEM]****C. ACQUA AL 2**

Mailing Address 212 7TH STREET SOUTHEAST

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

852.10
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Transaction ID : SB17.108444

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. POTBELLY**

Mailing Address 1275 1ST STREET NE BLD 1 STE. J

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
WASHINTON	DC	20002

Amount of Each Disbursement this Period

87.18
-------

Purpose of Disbursement  
MEETING EXPENSE

001

Transaction ID : SB17.108445

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. FIOLA**

Mailing Address 601 PENNSYLVANIA AVENUE NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
WASHINGTON	DC	20004

Amount of Each Disbursement this Period

110.00
--------

Purpose of Disbursement  
MEETING EXPENSE

001

Transaction ID : SB17.108446

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. 701 RESTAURANT**

Mailing Address 701 PENNSYLVANIA AVE. NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
WASHINGTON	DC	20004

Amount of Each Disbursement this Period

120.00
--------

Purpose of Disbursement  
MEETING EXPENSE

001

Transaction ID : SB17.108447

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. EXXON**

Mailing Address 542 SOUTH CENTER STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
EBENSBURG	PA	15931

Amount of Each Disbursement this Period

137.21
--------

Purpose of Disbursement  
FUEL

001

Transaction ID : SB17.108448

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. RISTORANTE TOSCA**

Mailing Address 1112 F STREET NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
WASHINGTON	DC	20004

Amount of Each Disbursement this Period

170.00
--------

Purpose of Disbursement  
MEETING EXPENSE

001

Transaction ID : SB17.108450

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. SONOMA RESTAURANT AND WINE BAR**

Mailing Address 223 PENNSYLVANIA AVENUE SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
WASHINGTON	DC	20003

Amount of Each Disbursement this Period

229.20
--------

Purpose of Disbursement  
EVENT CATERING

001

Transaction ID : SB17.108451

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DUNKIN DONUTS**

Mailing Address 3132 PLEASANT VALLEY BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
ALTOONA	PA	16602

Amount of Each Disbursement this Period

149.97
--------

Purpose of Disbursement  
MEETING EXPENSE

001

Transaction ID : SB17.108452

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. VERIZON WIRELESS**

Mailing Address PO BOX 25505

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
LEHIGH VALLEY	PA	18002

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
CELL PHONE

001

Transaction ID : SB17.108453

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. NEMACOLIN WOODLANDS RESORT & SPA**

Mailing Address 1001 LAFAYETTE DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
FARMINGTON	PA	15437

Amount of Each Disbursement this Period

800.00
--------

Purpose of Disbursement  
LODGING

001

Transaction ID : SB17.108454

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. SHEETZ INC**

Mailing Address 5700 SIXTH AVENUE

City	State	Zip Code
ALTOONA	PA	16602

Purpose of Disbursement  
FUEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

50.13
-------

Transaction ID : SB17.108455

**[MEMO ITEM]****B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City	State	Zip Code
NEWARK	NJ	07101

Purpose of Disbursement  
SEE BELOW

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

36320.64
----------

Transaction ID : SB17.108467

**C. US AIRWAYS**

Mailing Address 5620 UNIVERSITY PKWY

City	State	Zip Code
WINSTON SALEM	NC	27105

Purpose of Disbursement  
AIRFARE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

216.01
--------

Transaction ID : SB17.108477

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

36320.64
----------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. JOE'S STONE CRAB RESTAURANT**

Mailing Address 11 WASHINGTON AVENUE

City	State	Zip Code
MIAMI BEACH	FL	33139

Purpose of Disbursement  
EVENT CATERING

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 26 / 2014

Amount of Each Disbursement this Period

1483.56
---------

Transaction ID : SB17.108478

[MEMO ITEM]

**B. GALATOIRES**

Mailing Address 209 BOURBON ST

City	State	Zip Code
NEW ORLEANS	LA	70130

Purpose of Disbursement  
EVENT CATERING

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 26 / 2014

Amount of Each Disbursement this Period

3305.50
---------

Transaction ID : SB17.108479

[MEMO ITEM]

**C. AMERICAN AIRLINES**

Mailing Address PO BOX 619612 MD 2400

City	State	Zip Code
DALLAS	TX	75261

Purpose of Disbursement  
AIRFARE

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 26 / 2014

Amount of Each Disbursement this Period

1211.96
---------

Transaction ID : SB17.108480

[MEMO ITEM]

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

1641.42
---------

Transaction ID : SB17.108481

[MEMO ITEM]

**B. CORNER BAKERY CAFE**

Mailing Address 1425 K STREET NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
MEETING EXPENSE

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

101.30
--------

Transaction ID : SB17.108482

[MEMO ITEM]

**C. FREEDOMPAY INC**Mailing Address 17 CAMPUS BLVD  
SUITE 100

City	State	Zip Code
NEWTOWN SQUARE	PA	19073

Purpose of Disbursement  
MEETING EXPENSE

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

54.75
-------

Transaction ID : SB17.108483

[MEMO ITEM]

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. THE WESTIN**

Mailing Address 1114 WASHINGTON BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
DETROIT	MI	48226

Amount of Each Disbursement this Period

1330.89
---------

Purpose of Disbursement  
LODGING

001

Transaction ID : SB17.108484

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. HILTON HOTEL**

Mailing Address 1870 GRIFFIN ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
DANIA	FL	33004

Amount of Each Disbursement this Period

5423.44
---------

Purpose of Disbursement  
LODGING

001

Transaction ID : SB17.108485

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. NEMACOLIN WOODLANDS RESORT & SPA**

Mailing Address 1001 LAFAYETTE DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
FARMINGTON	PA	15437

Amount of Each Disbursement this Period

5438.79
---------

Purpose of Disbursement  
LODGING

001

Transaction ID : SB17.108486

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. EXXON**

Mailing Address 542 SOUTH CENTER STREET

Date of Disbursement

M M	D D	Y Y Y Y
08	26	2014

City	State	Zip Code
EBENSBURG	PA	15931

Amount of Each Disbursement this Period

145.08
--------

Purpose of Disbursement  
FUEL

001

Transaction ID : SB17.108487

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. SHEETZ INC**

Mailing Address 5700 SIXTH AVENUE

Date of Disbursement

M M	D D	Y Y Y Y
08	26	2014

City	State	Zip Code
ALTOONA	PA	16602

Amount of Each Disbursement this Period

47.15
-------

Purpose of Disbursement  
FUEL

001

Transaction ID : SB17.108488

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. SONOMA RESTAURANT AND WINE BAR**

Mailing Address 223 PENNSYLVANIA AVENUE SE

Date of Disbursement

M M	D D	Y Y Y Y
08	26	2014

City	State	Zip Code
WASHINGTON	DC	20003

Amount of Each Disbursement this Period

80.00
-------

Purpose of Disbursement  
MEETING EXPENSE

001

Transaction ID : SB17.108489

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

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

0.00
------



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. RISTORANTE TOSCA**

Mailing Address 1112 F STREET NW

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement  
MEETING EXPENSE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

380.00
--------

Transaction ID : SB17.108490

[MEMO ITEM]

**B. BEST BUY**

Mailing Address 1721 OSGOOD DRIVE

City	State	Zip Code
ALTOONA	PA	16602

Purpose of Disbursement  
OFFICE SUPPLIES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

72.05
-------

Transaction ID : SB17.108491

[MEMO ITEM]

**C. US HOUSE OF REPRESENTATIVES**Mailing Address HOUSE GIFT SHOP  
B-217 LONGWORTH BLDG

City	State	Zip Code
WASHINGTON	DC	20515

Purpose of Disbursement  
GIFTS

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

90.30
-------

Transaction ID : SB17.108492

[MEMO ITEM]

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

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. VERIZON**

Mailing Address PO BOX 15026

City	State	Zip Code
ALBANY	NY	12212

Purpose of Disbursement  
CELL PHONE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.108493

**[MEMO ITEM]****B. POTBELLY**

Mailing Address 1275 1ST STREET NE BLD 1 STE. J

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
MEETING EXPENSE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

111.62
--------

Transaction ID : SB17.108494

**[MEMO ITEM]****C. COSTCO WHOLESALE**

Mailing Address 1200 SOUTH FERN STREET

City	State	Zip Code
ARLINGTON	VA	22202

Purpose of Disbursement  
EVENT SUPPLIES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

681.16
--------

Transaction ID : SB17.108495

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. SARATOGA RACETRACK**

Mailing Address 267 UNION AVE.

City	State	Zip Code
SARATOGA SPRINGS	NY	12866

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

2683.78
---------

Transaction ID : SB17.108496

[MEMO ITEM]

**B. SARATOGA CITY TAVERN**

Mailing Address 19-21 CAROLINE ST

City	State	Zip Code
SARATOGA	NY	12866

Purpose of Disbursement  
MEETING EXPENSE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

78.25
-------

Transaction ID : SB17.108497

[MEMO ITEM]

**C. TESORI**

Mailing Address 65 E ADAMS ST

City	State	Zip Code
CHICAGO	IL	60603

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

3806.45
---------

Transaction ID : SB17.108498

[MEMO ITEM]

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. VENABLE CATERING**

Mailing Address 575 7TH ST NW

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement  
EVENT CATERING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

486.84

Transaction ID : SB17.108499

**[MEMO ITEM]****B. WASHINGTON NATIONALS**

Mailing Address 1500 SOUTH CAPITOL ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
EVENT CATERING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

2041.72

Transaction ID : SB17.108500

**[MEMO ITEM]****C. VINNY'S**

Mailing Address 76 BROADWAY

City	State	Zip Code
SOMERVILLE	MA	02145

Purpose of Disbursement  
MEETING EXPENSE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

439.45

Transaction ID : SB17.108501

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....

0.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MARRIOTT**

Mailing Address 296 STATE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
BOSTON	MA	02109

Amount of Each Disbursement this Period

258.82
--------

Purpose of Disbursement  
LODGING

001

Transaction ID : SB17.108503

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. STRAIGHT WHARF**

Mailing Address 6 HARBOR SQUARE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
NANTUCKET	MA	02554

Amount of Each Disbursement this Period

640.00
--------

Purpose of Disbursement  
EVENT CATERING

001

Transaction ID : SB17.108505

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. CANTINA MARINA**

Mailing Address 600 WATER STREET SW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
WASHINGTON	DC	20024

Amount of Each Disbursement this Period

418.20
--------

Purpose of Disbursement  
EVENT CATERING

001

Transaction ID : SB17.108509

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MATCHBOX RESTAURANT**

Mailing Address 713 H STREET NW

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

390.50
--------

Transaction ID : SB17.108510

**[MEMO ITEM]****B. WASHINGTON COURT HOTEL**

Mailing Address 525 NEW JERSEY AVE. NW

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement  
LODGING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

231.35
--------

Transaction ID : SB17.108512

**[MEMO ITEM]****C. FORNO TOSCANO**

Mailing Address 541 BROADWAY

City	State	Zip Code
SARATOGA SPRINGS	NY	12866

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

1274.60
---------

Transaction ID : SB17.108514

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ANSLEY RV**

Mailing Address 1280 ROUTE 764

City	State	Zip Code
DUNCANSVILLE	PA	16635

Purpose of Disbursement  
RV MAINTENANCE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.108174

**B. ANSLEY RV**

Mailing Address 1280 ROUTE 764

City	State	Zip Code
DUNCANSVILLE	PA	16635

Purpose of Disbursement  
RV MAINTENANCE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

Amount of Each Disbursement this Period

2194.63
---------

Transaction ID : SB17.108351

**C. ATLANTIC BROADBAND**

Mailing Address BOX 371801

City	State	Zip Code
PITTSBURGH	PA	15250

Purpose of Disbursement  
INTERNET

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

351.30
--------

Transaction ID : SB17.108176

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

4545.93

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ATLANTIC BROADBAND**

Mailing Address BOX 371801

City	State	Zip Code
PITTSBURGH	PA	15250

Purpose of Disbursement  
INTERNET

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

323.70
--------

Transaction ID : SB17.108323

**B. ATLANTIC BROADBAND**

Mailing Address BOX 371801

City	State	Zip Code
PITTSBURGH	PA	15250

Purpose of Disbursement  
INTERNET

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

Amount of Each Disbursement this Period

333.66
--------

Transaction ID : SB17.108553

**C. BERKE FARAH LLP**

Mailing Address 2101 L STREET NW STE. 1000

City	State	Zip Code
WASHINGTON	DC	20037

Purpose of Disbursement  
LEGAL FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2014

Amount of Each Disbursement this Period

6000.00
---------

Transaction ID : SB17.108528

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

6657.36



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. JAMIE B BIONDI**

Mailing Address 4676A 36TH ST. SOUTH

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement  
SEE BELOW

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

168.08
--------

Transaction ID : SB17.108331

**B. UBER TECHNOLOGIES**

Mailing Address 800 MARKET STREET 7TH FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94115

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

168.08
--------

Transaction ID : SB17.108332

[MEMO ITEM]

**C. JAMIE B BIONDI**

Mailing Address 4676A 36TH ST. SOUTH

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement  
CAB FARE (NO ITEMIZATION)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

Amount of Each Disbursement this Period

57.88
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Transaction ID : SB17.108346

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

225.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. BISHOP GUILFOYLE H.S. ATHLETIC DEPT**Mailing Address ATTN: MRS LYNN ADAMS  
2400 PLEASANT VALLEY BLVD

City ALTOONA State PA Zip Code 16602

Purpose of Disbursement  
ADVERTISING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.108324

**B. BLAIR COUNTY REPUBLICAN PARTY**

Mailing Address 301 UNION AVE. #364

City ALTOONA State PA Zip Code 16602

Purpose of Disbursement  
EVENT TICKETS

001

Category/  
Type

Candidate Name

**BLAIR COUNTY REPUBLICAN PARTY**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

46.50
-------

Transaction ID : SB17.108325

**C. NANCY BULL**

Mailing Address 322 RIDGE AVENUE

City WAYNESBORO State PA Zip Code 17268

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

536.48
--------

Transaction ID : SB17.108199

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

982.98

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. NANCY BULL**

Mailing Address 322 RIDGE AVENUE

City	State	Zip Code
WAYNESBORO	PA	17268

Purpose of Disbursement  
SEE BELOW

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

454.69
--------

Transaction ID : SB17.108200

**B. FLANNERY'S TAVERN ON THE SQUARE**

Mailing Address 5 NORTH MAIN STREET

City	State	Zip Code
MERCERSBURG	PA	17236

Purpose of Disbursement  
MEETING EXPENSE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

54.27
-------

Transaction ID : SB17.108206

[MEMO ITEM]

**C. CHIPOTLE**

Mailing Address 975 NORLAND AVE.

City	State	Zip Code
CHAMBERSBURG	PA	17201

Purpose of Disbursement  
MEETING EXPENSE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

32.54
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Transaction ID : SB17.108208

[MEMO ITEM]

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

454.69

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MONTEZUMA**

Mailing Address 118 WALNUT ST.

City	State	Zip Code
WAYNESBORO	PA	17268

Purpose of Disbursement  
MEETING EXPENSE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

12.72
-------

Transaction ID : SB17.108211

**[MEMO ITEM]****B. FULTON COUNTY MEDICAL CENTER**

Mailing Address 214 PEACH ORCHARD RD.

City	State	Zip Code
MCCONNELLSBURG	PA	17233

Purpose of Disbursement  
EVENT TICKETS

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

130.00
--------

Transaction ID : SB17.108212

**[MEMO ITEM]****C. EICHHOLZ FLOWERS**

Mailing Address 133 E. MAIN ST.

City	State	Zip Code
WAYNESBORO	PA	17268

Purpose of Disbursement  
FLOWERS

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

56.99
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Transaction ID : SB17.108213

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WINEBRENNER THEOLOGICAL SEMINARY**

Mailing Address 950 N. MAIN ST.

City	State	Zip Code
FINDLAY	OH	45840

Purpose of Disbursement  
EVENT TICKETS

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

141.81
--------

Transaction ID : SB17.108214

**[MEMO ITEM]****B. ERIC BURGESSON**

Mailing Address 2403 N. UTAH ST.

City	State	Zip Code
ARLINGTON	VA	22207

Purpose of Disbursement  
SEE BELOW

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

141.81
--------

Transaction ID : SB17.108272

**C. VERIZON**

Mailing Address PO BOX 15026

City	State	Zip Code
ALBANY	NY	12212

Purpose of Disbursement  
CELL PHONE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

141.81
--------

Transaction ID : SB17.108273

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

141.81

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ERIC BURGESSON**

Mailing Address 2403 N. UTAH ST.

City	State	Zip Code
ARLINGTON	VA	22207

Purpose of Disbursement  
SEE BELOW

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

Amount of Each Disbursement this Period

141.78
--------

Transaction ID : SB17.108556

**B. VERIZON**

Mailing Address PO BOX 15026

City	State	Zip Code
ALBANY	NY	12212

Purpose of Disbursement  
CELL PHONE

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

Amount of Each Disbursement this Period

141.78
--------

Transaction ID : SB17.108557

[MEMO ITEM]

**C. ERIC BURGESSON**

Mailing Address 2403 N. UTAH ST.

City	State	Zip Code
ARLINGTON	VA	22207

Purpose of Disbursement  
SEE BELOW

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

140.64
--------

Transaction ID : SB17.108644

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

282.42

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. VERIZON**

Mailing Address PO BOX 15026

City	State	Zip Code
ALBANY	NY	12212

Purpose of Disbursement  
CELL PHONE

001

Category/  
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

140.64
--------

Transaction ID : SB17.108645

[MEMO ITEM]

**B. LAURENCE CASSAR**

Mailing Address 601 ALLEGHENY ST. APT. 2

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
SALARY

001

Category/  
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

1990.60
---------

Transaction ID : SB17.108311

**C. LAURENCE CASSAR**

Mailing Address 601 ALLEGHENY ST. APT. 2

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

001

Category/  
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

526.96
--------

Transaction ID : SB17.108340

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

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

2517.56

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. LAURENCE CASSAR**

Mailing Address 601 ALLEGHENY ST. APT. 2

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
SEE BELOW

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

49.00
-------

Transaction ID : SB17.108341

**B. USPS**

Mailing Address 525 ALLEGHENY STREET

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

49.00
-------

Transaction ID : SB17.108342

[MEMO ITEM]

**C. LAURENCE CASSAR**

Mailing Address 601 ALLEGHENY ST. APT. 2

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2014

Amount of Each Disbursement this Period

1990.60
---------

Transaction ID : SB17.108464

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

2039.60



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. LAURENCE CASSAR**

Mailing Address 601 ALLEGHENY ST. APT. 2

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

Amount of Each Disbursement this Period

971.20
--------

Transaction ID : SB17.108564

**B. LAURENCE CASSAR**

Mailing Address 601 ALLEGHENY ST. APT. 2

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
SALARY

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

1990.60
---------

Transaction ID : SB17.108634

**C. CENTRAL BLAIR RECREATION COMMISSION**

Mailing Address 2101 FIFTH AVENUE

City	State	Zip Code
ALTOONA	PA	16602

Purpose of Disbursement  
ADVERTISING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.108177

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

3061.80

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. JULIE CHLOPECKI**

Mailing Address 1547 EVERS DR

City	State	Zip Code
MC LEAN	VA	22101

Purpose of Disbursement  
IN-KIND:EVENT TICKETS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2014

Amount of Each Disbursement this Period

1142.46
---------

Transaction ID : SB17.108846

**B. JOSHUA CHUMRIK**

Mailing Address 982 WINTERSET RD.

City	State	Zip Code
EBENSBURG	PA	15931

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

Amount of Each Disbursement this Period

290.08
--------

Transaction ID : SB17.108349

**C. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

60.24
-------

Transaction ID : SB17.108307

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

1492.78

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2014

Amount of Each Disbursement this Period

37.50
-------

Transaction ID : SB17.108310

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2014

Amount of Each Disbursement this Period

63.10
-------

Transaction ID : SB17.108521

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2014

Amount of Each Disbursement this Period

55.00
-------

Transaction ID : SB17.108698

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

155.60

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2014

Amount of Each Disbursement this Period

209.40
--------

Transaction ID : SB17.108700

**B. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2014

Amount of Each Disbursement this Period

10.25
-------

Transaction ID : SB17.108703

**c. JOHN DAVIS**

Mailing Address 229 DEWEY ST.

City ALTOONA State PA Zip Code 16602

Purpose of Disbursement  
DRIVING SERVICES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

Amount of Each Disbursement this Period

75.00
-------

Transaction ID : SB17.108348

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

294.65

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. JOHN DAVIS**

Mailing Address 229 DEWEY ST.

City	State	Zip Code
ALTOONA	PA	16602

Purpose of Disbursement  
DRIVING SERVICES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

Amount of Each Disbursement this Period

37.50
-------

Transaction ID : SB17.108563

**B. DREAMS GO ON TRAIL RIDE**Mailing Address C/O BETSY LEHMAN  
315 QUINCE COURT

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
ADVERTISING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.108554

**C. ELECTEKUSA**

Mailing Address PO BOX 23715

City	State	Zip Code
CHAGRIN FALLS	OH	44023

Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

2333.33
---------

Transaction ID : SB17.108250

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

2620.83

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ELECTEKUSA**

Mailing Address PO BOX 23715

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
CHAGRIN FALLS	OH	44023

Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Category/  
Type

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Amount of Each Disbursement this Period

2319.68
---------

Transaction ID : SB17.108326

**B. ELECTEKUSA**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 23715

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

City	State	Zip Code
CHAGRIN FALLS	OH	44023

Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Category/  
Type

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Amount of Each Disbursement this Period

2364.86
---------

Transaction ID : SB17.108555

**C. EPIPHANY PRODUCTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 104 HUME AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

City	State	Zip Code
ALEXANDRIA	VA	22301

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.108180

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

9684.54

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. EPIPHANY PRODUCTIONS**

Mailing Address 104 HUME AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

City	State	Zip Code
ALEXANDRIA	VA	22301

Amount of Each Disbursement this Period

98.52
-------

Purpose of Disbursement  
SEE BELOW

001

Transaction ID : SB17.108181

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address PO BOX 371461

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

City	State	Zip Code
PITTSBURGH	PA	15250

Amount of Each Disbursement this Period

78.52
-------

Purpose of Disbursement  
SHIPPING

001

Transaction ID : SB17.108183

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. EPIPHANY PRODUCTIONS**

Mailing Address 104 HUME AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
ALEXANDRIA	VA	22301

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Transaction ID : SB17.108327

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

5098.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. EPIPHANY PRODUCTIONS**

Mailing Address 104 HUME AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
ALEXANDRIA	VA	22301

Amount of Each Disbursement this Period

2048.52
---------

Purpose of Disbursement  
SEE BELOW

001

Transaction ID : SB17.108328

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address PO BOX 371461

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
PITTSBURGH	PA	15250

Amount of Each Disbursement this Period

78.52
-------

Purpose of Disbursement  
SHIPPING

001

Transaction ID : SB17.108329

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 5620 UNIVERSITY PKWY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
WINSTON SALEM	NC	27105

Amount of Each Disbursement this Period

1910.00
---------

Purpose of Disbursement  
AIRFARE

001

Transaction ID : SB17.108330

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

2048.52



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. EPIPHANY PRODUCTIONS**

Mailing Address 104 HUME AVE

City	State	Zip Code
ALEXANDRIA	VA	22301

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.108468

**B. EPIPHANY PRODUCTIONS**

Mailing Address 104 HUME AVE

City	State	Zip Code
ALEXANDRIA	VA	22301

Purpose of Disbursement  
SEE BELOW

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

2821.96
---------

Transaction ID : SB17.108660

**c. USPS**

Mailing Address 525 ALLEGHENY STREET

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
POSTAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

735.00
--------

Transaction ID : SB17.108661

[MEMO ITEM]

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

7821.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. IMPRESSIONS**

Mailing Address 5104 FROLICH LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
HYATTSVILLE	MD	20781

Amount of Each Disbursement this Period

306.34
--------

Purpose of Disbursement  
GIFTS

001

Transaction ID : SB17.108662

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. PARTY DEPOT**

Mailing Address 3513 S. JEFFERSON STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
FALLS CHURCH	VA	22041

Amount of Each Disbursement this Period

208.47
--------

Purpose of Disbursement  
GIFTS

001

Transaction ID : SB17.108663

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. JOE'S STONE CRAB RESTAURANT**

Mailing Address 11 WASHINGTON AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
MIAMI BEACH	FL	33139

Amount of Each Disbursement this Period

180.48
--------

Purpose of Disbursement  
MEETING EXPENSE

001

Transaction ID : SB17.108664

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. HILTON HOTEL**

Mailing Address 1870 GRIFFIN ROAD

City	State	Zip Code
DANIA	FL	33004

Purpose of Disbursement  
LODGING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

792.69
--------

Transaction ID : SB17.108665

[MEMO ITEM]

**B. BEARNAISE**

Mailing Address 315 PENNSYLVANIA AVE. SE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
MEETING EXPENSE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

140.54
--------

Transaction ID : SB17.108666

[MEMO ITEM]

**C. SARATOGA CITY TAVERN**

Mailing Address 19-21 CAROLINE ST

City	State	Zip Code
SARATOGA	NY	12866

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

164.41
--------

Transaction ID : SB17.108667

[MEMO ITEM]

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address PO BOX 371461

City	State	Zip Code
PITTSBURGH	PA	15250

Purpose of Disbursement  
SHIPPING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

59.75
-------

Transaction ID : SB17.108668

[MEMO ITEM]

**B. THE WESTIN**

Mailing Address 1114 WASHINGTON BOULEVARD

City	State	Zip Code
DETROIT	MI	48226

Purpose of Disbursement  
MEETING EXPENSE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

51.71
-------

Transaction ID : SB17.108669

[MEMO ITEM]

**C. TAXICAB TRANSPORTATION**

Mailing Address 5200 N OTTO AVENUE

City	State	Zip Code
CHICAGO	IL	60656

Purpose of Disbursement  
CAB FARE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

47.82
-------

Transaction ID : SB17.108670

[MEMO ITEM]

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FAYETTE CO ASSOC OF TWP SUPERVISORS**Mailing Address LEIGH KLINK, FCATO SECRETARY  
PO BOX 87

City NEW SALEM State PA Zip Code 15468

Purpose of Disbursement  
ADVERTISING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.108469

**B. FIRST COMMONWEALTH BANK**Mailing Address CREDIT CARD DEPT  
PO BOX 0537

City INDIANA State PA Zip Code 15701

Purpose of Disbursement  
SEE BELOW

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

2255.80
---------

Transaction ID : SB17.108251

**C. CHAMBERSBURG RENTAL SERVICE**

Mailing Address 510 W. LOUDON ST.

City CHAMBERSBURG State PA Zip Code 17201

Purpose of Disbursement  
EVENT SUPPLIES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

190.80
--------

Transaction ID : SB17.108389

[MEMO ITEM]

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

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

2355.80

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. SHEETZ INC**

Mailing Address 5700 SIXTH AVENUE

City	State	Zip Code
ALTOONA	PA	16602

Purpose of Disbursement  
FUEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

120.50
--------

Transaction ID : SB17.108390

**[MEMO ITEM]****B. STAPLES**

Mailing Address PLANK ROAD/ORCHARD PLAZA

City	State	Zip Code
ALTOONA	PA	16602

Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

78.40
-------

Transaction ID : SB17.108391

**[MEMO ITEM]****C. WAL-MART**

Mailing Address 702 SW 8TH ST

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

255.17
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Transaction ID : SB17.108392

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ORCHARD RESTAURANT**

Mailing Address 1580 ORCHARD DRIVE

City	State	Zip Code
CHAMBERSBURG	PA	17201

Purpose of Disbursement  
MEETING EXPENSE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

195.24
--------

Transaction ID : SB17.108393

[MEMO ITEM]

**B. DUNKIN DONUTS**

Mailing Address 3132 PLEASANT VALLEY BLVD

City	State	Zip Code
ALTOONA	PA	16602

Purpose of Disbursement  
MEETING EXPENSE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

48.24
-------

Transaction ID : SB17.108394

[MEMO ITEM]

**C. SUBWAY**

Mailing Address 430 EIGHTH STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
MEETING EXPENSE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

69.96
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Transaction ID : SB17.108395

[MEMO ITEM]

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. ENTERPRISE RENT-A-CAR**

Mailing Address 1525 KENWOOD AVENUE

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement  
CAR RENTAL

001

Category/  
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

554.91

Transaction ID : SB17.108396

[MEMO ITEM]

**B. NORLAND PUB**

Mailing Address 454 NORLAND AVE

City	State	Zip Code
CHAMBERSBURG	PA	17201

Purpose of Disbursement  
MEETING EXPENSE

001

Category/  
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

76.40

Transaction ID : SB17.108397

[MEMO ITEM]

**C. FIRST COMMONWEALTH BANK**Mailing Address CREDIT CARD DEPT  
PO BOX 0537

City	State	Zip Code
INDIANA	PA	15701

Purpose of Disbursement  
SEE BELOW

001

Category/  
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

229.26

Transaction ID : SB17.108274

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

229.26



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. TURKEY HILL**

Mailing Address 7637 WOODBURY PIKE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

City	State	Zip Code
ROARING SPRING	PA	16673

Amount of Each Disbursement this Period

38.95
-------

Purpose of Disbursement  
MEETING EXPENSE

001

Transaction ID : SB17.108275

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. MARZONI'S**

Mailing Address 165 PATCHWAY ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

City	State	Zip Code
DUNCANVILLE	PA	16635

Amount of Each Disbursement this Period

64.00
-------

Purpose of Disbursement  
MEETING EXPENSE

001

Transaction ID : SB17.108276

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. BLACK DOG COFFEE & CATERING**

Mailing Address 519 ALLEGHENY STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Amount of Each Disbursement this Period

22.61
-------

Purpose of Disbursement  
MEETING EXPENSE

001

Transaction ID : SB17.108277

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FIRST COMMONWEALTH BANK**Mailing Address CREDIT CARD DEPT  
PO BOX 0537

City INDIANA State PA Zip Code 15701

Purpose of Disbursement  
FINANCE CHARGES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

Amount of Each Disbursement this Period

43.49
-------

Transaction ID : SB17.108345

**B. FIRST COMMONWEALTH BANK**Mailing Address CREDIT CARD DEPT  
PO BOX 0537

City INDIANA State PA Zip Code 15701

Purpose of Disbursement  
SEE BELOW

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

283.25
--------

Transaction ID : SB17.108570

**C. SHEETZ INC**

Mailing Address 5700 SIXTH AVENUE

City ALTOONA State PA Zip Code 16602

Purpose of Disbursement  
FUEL

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

33.91
-------

Transaction ID : SB17.108571

[MEMO ITEM]

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

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

326.74

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
MEETING EXPENSE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : SB17.108572

**[MEMO ITEM]****B. HEARTFELT FLOWERS**

Mailing Address 110 W. MAIN ST.

City	State	Zip Code
EVERETT	PA	15537

Purpose of Disbursement  
FLOWERS

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

53.00
-------

Transaction ID : SB17.108573

**[MEMO ITEM]****C. ONLINESTORES.COM**

Mailing Address 1000 WESTINGHOUSE DRIVE #1

City	State	Zip Code
NEW STANTON	PA	15672

Purpose of Disbursement  
FLAG

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

98.60
-------

Transaction ID : SB17.108574

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 140 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FRANKLIN CO REAGAN COALITION**

Mailing Address PO BOX 240

City	State	Zip Code
MARION	PA	17235

Purpose of Disbursement  
MEMBERSHIP DUES

001

Candidate Name

**FRANKLIN CO REAGAN COALITION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.108470

**B. BRENT GATES**Mailing Address 310 PENN STREET  
SUITE 200

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
SEE BELOW

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

23.00
-------

Transaction ID : SB17.108248

**C. TRIANGLE CAR WASH, INC**

Mailing Address 1235 OLD 220 NORTH

City	State	Zip Code
DUNCANVILLE	PA	16635

Purpose of Disbursement  
CAMPAIGN CAR WASH

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

23.00
-------

Transaction ID : SB17.108249

[MEMO ITEM]

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

323.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. GREATER WAYNESBORO CHAMBER OF COMMERCE**

Mailing Address 5 ROADSIDE AVENUE

Date of Disbursement

M M	D D	Y Y Y Y
07	16	2014

City	State	Zip Code
WAYNESBORO	PA	17268

Amount of Each Disbursement this Period

125.00
--------

Purpose of Disbursement  
EVENT SPONSORSHIP

001

Transaction ID : SB17.108252

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. HOLLIDAYSBURG AREA YOUTH FOOTBALL ASSOC.**

Mailing Address PO BOX 96

Date of Disbursement

M M	D D	Y Y Y Y
09	15	2014

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
ADVERTISING

001

Transaction ID : SB17.108575

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. HUNTINGDON CO. REPUBLICAN COMM**Mailing Address C/O ANNE LAYNG  
2015 ELLIS AVENUE

Date of Disbursement

M M	D D	Y Y Y Y
09	14	2014

City	State	Zip Code
HUNTINGDON	PA	16652

Amount of Each Disbursement this Period

125.00
--------

Purpose of Disbursement  
ADVERTISING

001

Transaction ID : SB17.108558

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. JHZ CONSULTING**

Mailing Address PO BOX 412

City	State	Zip Code
HARRISBURG	PA	17108

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

10000.00
----------

Transaction ID : SB17.108190

**B. JHZ CONSULTING**

Mailing Address PO BOX 412

City	State	Zip Code
HARRISBURG	PA	17108

Purpose of Disbursement  
SEE BELOW

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

168.37
--------

Transaction ID : SB17.108191

**C. FEDEX**

Mailing Address PO BOX 371461

City	State	Zip Code
PITTSBURGH	PA	15250

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

168.37
--------

Transaction ID : SB17.108193

[MEMO ITEM]

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

10168.37

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. JHZ CONSULTING**

Mailing Address PO BOX 412

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

City	State	Zip Code
HARRISBURG	PA	17108

Amount of Each Disbursement this Period

404.71
--------

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

001

Transaction ID : SB17.108194

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. JHZ CONSULTING**

Mailing Address PO BOX 412

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

City	State	Zip Code
HARRISBURG	PA	17108

Amount of Each Disbursement this Period

4000.00
---------

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Transaction ID : SB17.108347

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. JHZ CONSULTING**

Mailing Address PO BOX 412

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

City	State	Zip Code
HARRISBURG	PA	17108

Amount of Each Disbursement this Period

4000.00
---------

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Transaction ID : SB17.108562

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

8404.71

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. SETH ADAM JONAS**Mailing Address 215 90TH ST W  
APT 7-E

City NEW YORK State NY Zip Code 10024

Purpose of Disbursement  
IN-KIND:EVENT CATERING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.108673

**B. MR. SEAN JOYCE**

Mailing Address 1301 ALLEGHENY STREET

City HOLLIDAYSBURG State PA Zip Code 16648

Purpose of Disbursement  
SEE BELOW

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

1118.58
---------

Transaction ID : SB17.108335

**C. DONUT CONNECTION**

Mailing Address 1411 BLAIR ST.

City HOLLIDAYSBURG State PA Zip Code 16648

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

64.69
-------

Transaction ID : SB17.108336

[MEMO ITEM]

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

1618.58



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. SHEETZ INC**

Mailing Address 5700 SIXTH AVENUE

City	State	Zip Code
ALTOONA	PA	16602

Purpose of Disbursement  
FUEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

22.90
-------

Transaction ID : SB17.108337

**[MEMO ITEM]****B. USAA**

Mailing Address 9800 FREDERICKSBURG ROAD

City	State	Zip Code
SAN ANTONIO	TX	78288

Purpose of Disbursement  
INSURANCE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

659.03
--------

Transaction ID : SB17.108343

**[MEMO ITEM]****C. VERIZON**

Mailing Address PO BOX 15026

City	State	Zip Code
ALBANY	NY	12212

Purpose of Disbursement  
CELL PHONE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

277.13
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Transaction ID : SB17.108344

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MR. SEAN JOYCE**

Mailing Address 1301 ALLEGHENY STREET

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
SEE BELOW

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2014

Amount of Each Disbursement this Period

591.18
--------

Transaction ID : SB17.108576

**B. US AIRWAYS**

Mailing Address 5620 UNIVERSITY PKWY

City	State	Zip Code
WINSTON SALEM	NC	27105

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2014

Amount of Each Disbursement this Period

591.18
--------

Transaction ID : SB17.108577

[MEMO ITEM]

**C. MR. SEAN JOYCE**

Mailing Address 1301 ALLEGHENY STREET

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
09 / 26 / 2014

Amount of Each Disbursement this Period

164.08
--------

Transaction ID : SB17.108650

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

755.26

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. KIWANIS CLUB OF ALTOONA**

Mailing Address PO BOX 419

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
EVENT TICKETS

001

Transaction ID : SB17.108471

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. LAUREL HIGHLANDS COUNCIL BSA**

Mailing Address 201 W. HIGH STREET STE. 1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
EBENSBURG	PA	15931

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
EVENT TICKETS

001

Transaction ID : SB17.108472

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. LAUREL HIGHLANDS COUNCIL BSA**

Mailing Address 201 W. HIGH STREET STE. 1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

City	State	Zip Code
EBENSBURG	PA	15931

Amount of Each Disbursement this Period

130.00
--------

Purpose of Disbursement  
EVENT TICKETS

001

Transaction ID : SB17.108565

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

330.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MS. JENNIFER MEARKLE**

Mailing Address 3022 BROAD AVE

City	State	Zip Code
ALTOONA	PA	16601

Purpose of Disbursement  
SALARY

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

171.18
--------

Transaction ID : SB17.108312

**B. MS. JENNIFER MEARKLE**

Mailing Address 3022 BROAD AVE

City	State	Zip Code
ALTOONA	PA	16601

Purpose of Disbursement  
SALARY

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

175.52
--------

Transaction ID : SB17.108314

**C. MS. JENNIFER MEARKLE**

Mailing Address 3022 BROAD AVE

City	State	Zip Code
ALTOONA	PA	16601

Purpose of Disbursement  
SALARY

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2014

Amount of Each Disbursement this Period

171.18
--------

Transaction ID : SB17.108465

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

517.88

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MS. JENNIFER MEARKLE**

Mailing Address 3022 BROAD AVE

City	State	Zip Code
ALTOONA	PA	16601

Purpose of Disbursement  
SEE BELOW

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

Amount of Each Disbursement this Period

305.21
--------

Transaction ID : SB17.108560

**B. PENNSYLVANIA ASSOCIATION OF NOTARIES**

Mailing Address 14 WOOD STREET

City	State	Zip Code
PITTSBURGH	PA	15222

Purpose of Disbursement  
NOTARY RENEWAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

Amount of Each Disbursement this Period

305.21
--------

Transaction ID : SB17.108561

[MEMO ITEM]

**C. MS. JENNIFER MEARKLE**

Mailing Address 3022 BROAD AVE

City	State	Zip Code
ALTOONA	PA	16601

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

171.18
--------

Transaction ID : SB17.108635

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

476.39

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MORRISON COVE BLAIR CO. REPUBLICAN CLUB**

Mailing Address 305 CAMPBELL AVENUE

City	State	Zip Code
ALTOONA	PA	16602

Purpose of Disbursement  
MEMBERSHIP DUES

001

Candidate Name

**MORRISON COVE BLAIR CO. REPUBLICAN CLUB**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.108355

**B. NASON HOSPITAL FOUNDATION**

Mailing Address 105 NASON DRIVE

City	State	Zip Code
ROARING SPRINGS	PA	16673

Purpose of Disbursement  
EVENT TICKETS

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17.108350

**C. ROGER OSBAUGH**Mailing Address 6575 ORPHANAGE RD.  
WESLEY HOUSE APT. 205

City	State	Zip Code
WAYNESBORO	PA	17268

Purpose of Disbursement  
SEE BELOW

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

69.98
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Transaction ID : SB17.108256

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

319.98

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 151 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DOLLAR GENERAL**

Mailing Address 904 BLAIR ST

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
CELL PHONE MINUTES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

59.98
-------

Transaction ID : SB17.108257

**[MEMO ITEM]****B. ROGER OSBAUGH**Mailing Address 6575 ORPHANAGE RD.  
WESLEY HOUSE APT. 205

City	State	Zip Code
WAYNESBORO	PA	17268

Purpose of Disbursement  
SEE BELOW

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

59.98
-------

Transaction ID : SB17.108648

**C. DOLLAR GENERAL**

Mailing Address 904 BLAIR ST

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
CELL PHONE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

59.98
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Transaction ID : SB17.108649

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

59.98
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 144 2ND ST. 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2014

Amount of Each Disbursement this Period

45.00
-------

Transaction ID : SB17.108305

**B. PIRYX**

Mailing Address 144 2ND ST. 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

45.00
-------

Transaction ID : SB17.108517

**C. PIRYX**

Mailing Address 144 2ND ST. 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

9.00
------

Transaction ID : SB17.108518

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

99.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 153 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 144 2ND ST. 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

45.00
-------

Transaction ID : SB17.108519

**B. PIRYX**

Mailing Address 144 2ND ST. 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

29.00
-------

Transaction ID : SB17.108702

**C. PIRYX**

Mailing Address 144 2ND ST. 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

112.50
--------

Transaction ID : SB17.108712

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

186.50

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 154 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PUKKA GROUP HOLDINGS**

Mailing Address 213 SOUTH 24TH STREET

City	State	Zip Code
CAMP HILL	PA	17011

Purpose of Disbursement  
RV RENTAL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

12000.00
----------

Transaction ID : SB17.108333

**B. RED MAVERICK MEDIA LLC**

Mailing Address 401 N. SECOND STREET

City	State	Zip Code
HARRISBURG	PA	17101

Purpose of Disbursement  
MEDIA BUY

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

703.80
--------

Transaction ID : SB17.108215

**C. RED MAVERICK MEDIA LLC**

Mailing Address 401 N. SECOND STREET

City	State	Zip Code
HARRISBURG	PA	17101

Purpose of Disbursement  
DOMAIN NAMES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

369.44
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Transaction ID : SB17.108255

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

13073.24

# **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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☒ 17    ☐ 18    ☐ 19a    ☐ 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. S&T BANK**

Mailing Address 1100 LOGAN BLVD

City ALTOONA State PA Zip Code 16602

Purpose of Disbursement  
BANK FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
07 / 01 / 2014

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.108306

## **B. S&T BANK**

Mailing Address 1100 LOGAN BLVD

City ALTOONA State PA Zip Code 16602

Purpose of Disbursement  
BANK FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
08 / 01 / 2014

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.108520

## **C. S&T BANK**

Mailing Address 1100 LOGAN BLVD

City ALTOONA State PA Zip Code 16602

Purpose of Disbursement  
BANK FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
09 / 03 / 2014

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.108697

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

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

240.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input 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 455 OVERLOOK DR

City	State	Zip Code
HOLLIDAYSBURG	PA	16648

Purpose of Disbursement  
SEE BELOW

Candidate Name

**WILLIAM SHUSTER**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: PA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.108642

**B. NRA FOUNDATION**

Mailing Address 298 MORGANTOWN ST.

City	State	Zip Code
UNIONTOWN	PA	15401

Purpose of Disbursement  
EVENT TICKETS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.108643

[MEMO ITEM]

**C. SOMERSET COUNTY FRIENDS OF NRA**Mailing Address C/O SHARON ACKERMAN  
357 BERKLEYS MILL ROAD

City	State	Zip Code
MEYERSDALE	PA	15552

Purpose of Disbursement  
EVENT TICKETS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

140.00
--------

Transaction ID : SB17.108279

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

240.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. SOMERSET COUNTY FRIENDS OF NRA**Mailing Address C/O SHARON ACKERMAN  
357 BERKLEYS MILL ROAD

City MEYERSDALE State PA Zip Code 15552

Purpose of Disbursement  
EVENT TICKETS

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
08	06	2014

Amount of Each Disbursement this Period

40.00
-------

Transaction ID : SB17.108338

**B. THE BLAIRMONT CLUB**

Mailing Address 145 LARCH STREET

City HOLLIDAYSBURG State PA Zip Code 16648

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	03	2014

Amount of Each Disbursement this Period

276.08
--------

Transaction ID : SB17.108217

**C. THE KEELEN GROUP**

Mailing Address 11 D STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	03	2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.108218

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

566.08

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. TUSCARORA AREA CHAMBER OF COMMERCE**Mailing Address 19 NORTH MAIN STREET  
PO BOX 161City State Zip Code  
MERCERSBURG PA 17236Purpose of Disbursement  
EVENT TICKETS

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

Amount of Each Disbursement this Period

55.00
-------

Transaction ID : SB17.108568

**B. VERIZON**

Mailing Address PO BOX 15026

City State Zip Code  
ALBANY NY 12212Purpose of Disbursement  
CELL PHONE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

2.35
------

Transaction ID : SB17.108219

**C. VERIZON**

Mailing Address PO BOX 15026

City State Zip Code  
ALBANY NY 12212Purpose of Disbursement  
CELL PHONE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

881.85
--------

Transaction ID : SB17.108339

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

939.20

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. VERIZON**

Mailing Address PO BOX 15026

City	State	Zip Code
ALBANY	NY	12212

Purpose of Disbursement  
CELL PHONE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

1820.01
---------

Transaction ID : SB17.108474

**B. VERIZON**

Mailing Address PO BOX 15026

City	State	Zip Code
ALBANY	NY	12212

Purpose of Disbursement  
CELL PHONE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

Amount of Each Disbursement this Period

191.97
--------

Transaction ID : SB17.108569

**C. VOMELA SPECIALITY COMPANY**Mailing Address NW 7033  
PO BOX 1450

City	State	Zip Code
MINNEAPOLIS	MN	55485

Purpose of Disbursement  
ADVERTISING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2014

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : SB17.108354

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

1820.01

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 160 OF 165

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WALDRON CATERING LLC**

Mailing Address 21 HIGHGATE

City	State	Zip Code
WILTON	NY	12831

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

4161.00

Transaction ID : SB17.108278

**B. WALDRON CATERING LLC**

Mailing Address 21 HIGHGATE

City	State	Zip Code
WILTON	NY	12831

Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2014

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.108353

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

4511.00

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

170998.63



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 161 OF 165

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FRANK CALANDRA JR.**

Mailing Address PO BOX 111253

City	State	Zip Code
PITTSBURGH	PA	15238

Purpose of Disbursement  
REFUND

010

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

1400.00
---------

Transaction ID : SB20A.108848

**B. DEEM GUYS**

Mailing Address PO BOX 853

City	State	Zip Code
LATROBE	PA	15650

Purpose of Disbursement  
REFUND

010

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB20A.108849

**C. ERIC ROBL**

Mailing Address PO BOX 853

City	State	Zip Code
LATROBE	PA	15650

Purpose of Disbursement  
REFUND

010

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB20A.108851

[MEMO ITEM]

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

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

1700.00
---------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 163 OF 165

<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 checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. KIRBY PAC**

Mailing Address 55 WAUGH DR SUITE 1000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2014

City	State	Zip Code
HOUSTON	TX	77007

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
REFUND

010

Transaction ID : SB20C.108388

Candidate Name  
**KIRBY PAC**Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

500.00

500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 164 OF 165

<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. CANTOR FOR CONGRESS**

Mailing Address PO BOX 17813

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2014

City	State	Zip Code
RICHMOND	VA	23226

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
CONTRIBUTION

011

Transaction ID : SB21.108233

Candidate Name

**ERIC CANTOR**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VA District: 07

Full Name (Last, First, Middle Initial)

**B. ELISE FOR CONGRESS**

Mailing Address PO BOX 338

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2014

City	State	Zip Code
WILLSBORO	NY	12996

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
CONTRIBUTION

011

Transaction ID : SB21.108352

Candidate Name

**ELISE STEFANIK**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 21

Full Name (Last, First, Middle Initial)

**C. INDIANA CO DAIRY PROMOTION COMMITTEE**

Mailing Address 237 EAST ELM STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

City	State	Zip Code
HOMER CITY	PA	15748

Amount of Each Disbursement this Period

1600.00
---------

Purpose of Disbursement  
DONATION

012

Transaction ID : SB21.108559

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

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

5600.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. INDIANA JR. LIVESTOCK SALE**

Mailing Address PO BOX 22

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

City	State	Zip Code
CLYMER	PA	15728

Amount of Each Disbursement this Period

612.50
--------

Purpose of Disbursement  
DONATION

012

Transaction ID : SB21.108647

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

612.50

6212.50