

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BILL SHUSTER FOR CONGRESS

ADDRESS (number and street)

PO BOX 27

Check if different than previously reported. (ACC)

HOLLIDAYSBURG

PA

16648

2. FEC IDENTIFICATION NUMBER ▼

C C00364935

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

PA

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

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

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of PA

5. Covering Period

MM / DD / YYYY 10 / 16 / 2014

through

MM / DD / YYYY 11 / 24 / 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 PAULA KILGORE

[Electronically Filed]

Date

MM / DD / YYYY 12 / 04 / 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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**BILL SHUSTER FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	106820.00	4051222.27
(b) Total Contribution Refunds (from Line 20(d)) .....	1050.00	11450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	105770.00	4039772.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	127209.35	3519726.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	29.86	2395.27
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	127179.49	3517331.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	442526.52	
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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

**BILL SHUSTER FOR CONGRESS**

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="12250.00"/>	<input type="text" value="1837165.98"/>	<input type="text" value="1000"/>
(ii) Unitemized		
<input type="text" value="120.00"/>	<input type="text" value="66273.76"/>	<input type="text" value="0"/>
(iii) Total of contributions from individuals		
<input type="text" value="12370.00"/>	<input type="text" value="1903439.74"/>	<input type="text" value="1000"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="1250.00"/>	<input type="text" value="0"/>
(c) Other Political Committees		
<input type="text" value="94450.00"/>	<input type="text" value="2146532.53"/>	<input type="text" value="15000"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 58

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
106820.00	4051222.27	16000
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0
(b) All Other Loans		
0.00	0.00	0
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
29.86	2395.27	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
106849.86	4053617.54	16000

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

**BILL SHUSTER FOR CONGRESS**

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

**II. DISBURSEMENTS**

	<b>COLUMN A Total this Period</b>	<b>COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)</b>	<b>COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)</b>
17. OPERATING EXPENDITURES	<input type="text" value="127209.35"/>	<input type="text" value="3519726.55"/>	<input type="text" value="14706.26"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="50.00"/>	<input type="text" value="5950.00"/>	<input type="text" value="0"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 58

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

1000.00	5500.00	1000
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

1050.00	11450.00	1000
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**21. OTHER DISBURSEMENTS**

106114.00	423610.50	25614
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

234373.35	3954787.05	41320.26
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

105770.00	4039772.27	15000.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

127179.49	3517331.28	14706.26
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	570050.01
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	106849.86
25. SUBTOTAL (add Line 23 and Line 24).....	676899.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	234373.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	442526.52

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

Mailing Address 1300 PENNSYLVANIA AVENUE NW  
SUITE 700

City WASHINGTON State DC Zip Code 20004

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

Name of Employer SURMONT LLC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11Al.108978**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MARY C DELOZIER**

Mailing Address 814 UNION ST

City HOLLIDAYSBURG State PA Zip Code 16648

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11Al.108935**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**DUIT FAMILY, LLC**

Mailing Address 6250 INDUSTRIAL BLVD.

City EDMOND State OK Zip Code 73034

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 / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11Al.108929**

Amount of Each Receipt this Period  
1000.00

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

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

2200.00

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

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

FOR LINE NUMBER: PAGE 8 OF 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES A DUIT**

Mailing Address 6500 OAKTREE DR.

City State Zip Code  
EDMOND OK 73025

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

Name of Employer Occupation  
DUIT CONSTRUCTION PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.108930**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
PARTNERSHIP DUIT FAMILY, LLC

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARGARET A HOSTETLER**

Mailing Address 652 TUB MILL RUN RD

City State Zip Code  
WEST SALISBURY PA 15565

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

Name of Employer Occupation  
WAY AND MEANS US HOUSE COUNSEL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11AI.109033**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**LEISS TOOL & DIE**

Mailing Address 801 N PLEASANT AVE.

City State Zip Code  
SOMERSET PA 15501

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11AI.108910**

Amount of Each Receipt this Period  
250.00

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

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

300.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**PETER LEISS**

Mailing Address 633 GILMORE RD

City SOMERSET State PA Zip Code 15501

FEC ID number of contributing federal political committee.

Name of Employer LEISS TOOL & DIE Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.108911**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
PARTNERSHIP LEISS TOOL & DIE

**B.** Full Name (Last, First, Middle Initial)  
**JAMES A MANAFORT JR.**

Mailing Address PO BOX 99

City PLAINVILLE State CT Zip Code 06062

FEC ID number of contributing federal political committee.

Name of Employer MANAFORT BROTHERS INCORPORATED Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.109036**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MICCOSUKEE TRIBE**

Mailing Address PO BOX 440021TAMIAMI STATION

City MIAMI State FL Zip Code 33144

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.109037**

Amount of Each Receipt this Period

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

**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 10 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JASON PLUMMER**

Mailing Address 7348 KINDLEWOOD DRIVE

City State Zip Code  
EDWARDSVILLE IL 62025

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

Name of Employer Occupation  
R.P. LUMBER CO. VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11Al.109031**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**SANDRA L POOLE**

Mailing Address 720 NIXON RD N

City State Zip Code  
STATE COLLEGE PA 16803

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

Name of Employer Occupation  
S/A HOMES DESIGN CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11Al.108914**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JIM RICHARDS**

Mailing Address 6438 NOBLE DR.

City State Zip Code  
MCLEAN VA 22101

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

Name of Employer Occupation  
CORNERSTONE GOVERNMENT AFFAIRS PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 20 / 2014

**Transaction ID : SA11Al.109072**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**SUZANNE L RUBIN**

Mailing Address 1816 SHADY OAKS DR.

City SOUTHLAKE State TX Zip Code 76092

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.108933**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**BRADFORD C SHUSMAN**

Mailing Address 1500 LOCUST ST., APT. 2817

City PHILADELPHIA State PA Zip Code 19102

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

Name of Employer GOLDMAN SACHS Occupation INVESTMENT MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11AI.108985**

Amount of Each Receipt this Period  
1000.00

**C.** 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  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.108939**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**KEVIN SOUCIE**

Mailing Address 770 5TH ST. NW APT. 410

City WASHINGTON State DC Zip Code 20001

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

Name of Employer CN Occupation DIRECTOR OF GOVERNMENT AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.108984**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL J TOOHEY**

Mailing Address 47180 MIDDLE BLUFF PL.

City POTOMAC FALLS State VA Zip Code 20165

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

Name of Employer WATERWAYS COUNCIL, INC. Occupation PRESIDENT & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.108951**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. WARREN J TRYON**

Mailing Address 216 9TH STREET SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer ROBERTS RAHEB & GRADLER LLC Occupation SENIOR POLICY ADVISOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2014

**Transaction ID : SA11AI.109073**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. FRANK C VLOSSAK IV**

Mailing Address 4001 NORTH NINTH STREET  
APT 1809

City ARLINGTON State VA Zip Code 22203

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

Name of Employer WILLIAMS & JENSEN Occupation PRINCIPAL-GOVT RELATIONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.109032**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 609 WILLOW GRN

City LITITZ State PA Zip Code 17543

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

Name of Employer WEXLER & WALKER PPA Occupation CHAIRMAN - FORMER CONGRESSMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.108950**

Amount of Each Receipt this Period  
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

750.00

12250.00

**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 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**AGRI-MARK INC POLITICAL ACTION COMMITTEE**

Mailing Address 100 MILK STREET, OFFICE PARK

City State Zip Code  
METHUEN MA 01844

FEC ID number of contributing federal political committee. **C** C00141242

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11C.108940**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 14600 TRINITY BLVD-SUITE 500

City State Zip Code  
FORT WORTH TX 76155

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11C.108972**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN COUNCIL OF ENGINEERING PAC**

Mailing Address 1015 15TH ST NW SUITE 802

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11C.108915**

Amount of Each Receipt this Period  
2500.00

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

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

5000.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**ARCHER DANIELS MIDLAND COMPANY-ADM PAC**

Mailing Address P.O. BOX 1470

City State Zip Code  
DECATUR IL 62525

FEC ID number of contributing federal political committee. **C** C00093963

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11C.108979**

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
**ARKANSAS FOR LEADERSHIP POLITICAL ACTION COMMITTEE (ARKPAC)**

Mailing Address PO BOX 1672

City State Zip Code  
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00413948

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  
11 / 04 / 2014

**Transaction ID : SA11C.109056**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED GENERAL CONTRACTORS PAC (AGC PAC)**

Mailing Address 2300 WILSON BLVD, SUITE 400

City State Zip Code  
ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11C.108980**

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. ASSOCIATED GENERAL CONTRACTORS PAC (AGC PAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 WILSON BLVD, SUITE 400  
 City ARLINGTON State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C C00082917**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014  
**Transaction ID : SA11C.109038**  
 Amount of Each Receipt this Period  
 2500.00

**B. BAKER BOTTS BLUEBONNET FUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 LOUISIANA ST SUITE 3000  
 City HOUSTON State TX Zip Code 77002  
 FEC ID number of contributing federal political committee. **C C00077552**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : SA11C.108981**  
 Amount of Each Receipt this Period  
 1000.00

**C. CATERPILLAR INC. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 NE ADAMS  
 City PEORIA State IL Zip Code 61629  
 FEC ID number of contributing federal political committee. **C C00148031**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : SA11C.108927**  
 Amount of Each Receipt this Period  
 2500.00

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

6000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**CIT GROUP INC PAC (CIT PAC)**

Mailing Address 1 CIT DRIVE #2223-1

City State Zip Code  
LIVINGSTON NJ 07039

FEC ID number of contributing federal political committee. **C** C00379420

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11C.108928**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CROWLEY MARITIME CORPORATION FEDERAL PAC**

Mailing Address 9487 REGENCY SQUARE BLVD.

City State Zip Code  
JACKSONVILLE FL 32225

FEC ID number of contributing federal political committee. **C** C00147231

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11C.108943**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CUBIC CORPORATION EMPLOYEES**

Mailing Address 9333 BALBOA AVE

City State Zip Code  
SAN DIEGO CA 92123

FEC ID number of contributing federal political committee. **C** C00151787

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11C.108973**

Amount of Each Receipt this Period  
 5000.00

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**ERNST & YOUNG POLITICAL ACTION COMMITTEE**

Mailing Address 1101 NEW YORK AVENUE, NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00227744**

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  
 10 31 2014

**Transaction ID : SA11C.108974**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**EXPEDIA INC POLITICAL ACTION COMMITTEE**

Mailing Address 333 108TH AVENUE NE

City State Zip Code  
BELLEVUE WA 98004

FEC ID number of contributing federal political committee. **C C00462879**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 31 2014

**Transaction ID : SA11C.108975**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**EXXON MOBIL CORPORATION PAC**

Mailing Address 5959 LAS COLINAS BLVD

City State Zip Code  
IRVING TX 75039

FEC ID number of contributing federal political committee. **C C00121368**

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  
 10 22 2014

**Transaction ID : SA11C.108934**

Amount of Each Receipt this Period  
5000.00

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

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

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1400 K STREET NW, SUITE 801

City WAHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C.108952**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address 2941 FAIRVIEW PARK DR SUITE 100

City FALLS CHURCH State VA Zip Code 22042

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C.108960**

Amount of Each Receipt this Period  
**3000.00**

**C. Full Name (Last, First, Middle Initial)**  
**GENESEE & WYOMING INC PAC**

Mailing Address 3601 CONCORD ROAD - SUITE 2

City YORK State PA Zip Code 17402

FEC ID number of contributing federal political committee. **C C00289058**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11C.108942**

Amount of Each Receipt this Period  
**2000.00**

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

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

**7500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>INSTITUTE OF MAKERS OF EXPLOSIVES PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2014
Mailing Address 1120 19TH ST NW SUITE 310		<b>Transaction ID : SA11C.109070</b>
City WASHINGTON State DC Zip Code 20036	FEC ID number of contributing federal political committee. <b>C C00135590</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00

Full Name (Last, First, Middle Initial) <b>INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address 7234 PARKWAY DRIVE		<b>Transaction ID : SA11C.108976</b>
City HANOVER State MD Zip Code 21076	FEC ID number of contributing federal political committee. <b>C C00000885</b>	Amount of Each Receipt this Period 1500.00
Name of Employer Occupation	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00

Full Name (Last, First, Middle Initial) <b>JE DUNN CONSTRUCTION GROUP INC PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 1010 HOLMES		<b>Transaction ID : SA11C.108918</b>
City KANSAS CITY State MO Zip Code 64106	FEC ID number of contributing federal political committee. <b>C C00453688</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**L-3 COMMUNICATIONS CORPORATION PAC**

Mailing Address 600 THIRD AVENUE

City NEW YORK State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C C00338087**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11C.108977**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN EPAC**

Mailing Address 2121 CRYSTAL DRIVE - SUITE 100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C C00303024**

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  
 10 / 21 / 2014

**Transaction ID : SA11C.108920**

Amount of Each Receipt this Period  
4000.00

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

Mailing Address ONE MEADOWLANDS PLAZA

City EAST RUTHERFORD State NJ Zip Code 07073

FEC ID number of contributing federal political committee. **C C00413575**

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  
 10 / 21 / 2014

**Transaction ID : SA11C.108931**

Amount of Each Receipt this Period  
2500.00

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 58
	<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)  
NATIONAL ASSOCIATION OF WATER COMPANIES POLITICAL ACTION COMMITTEE (NAWC - PAC)

**A.** Mailing Address 2001 L STREET, NW  
850  
City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00075275

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  
10 / 23 / 2014

Transaction ID : SA11C.108937

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. NATIONAL PRO-LIFE ALLIANCE PAC**

Mailing Address 4521 WINDSOR ARMS COURT  
City State Zip Code  
ANNANDALE VA 22003

FEC ID number of contributing federal political committee. **C** C00358051

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

Transaction ID : SA11C.108941

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. NETJETS ASSOCIATION OF SHARED AIRCRAFT PILOTS PAC; NJASAP PAC**

Mailing Address 630 MORRISON ROAD  
SUITE 110  
City State Zip Code  
GAHANNA OH 43230

FEC ID number of contributing federal political committee. **C** C00488262

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11C.108936

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 58
	<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) OLD DOMINION FREIGHT LINE INC POLITICAL ACTION COMMITTEE (OLD DOMINION PAC)		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 500 OLD DOMINION WAY		<b>Transaction ID : SA11C.108938</b>
City THOMASVILLE	State NC	
FEC ID number of contributing federal political committee. C C00496836		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5500.00	

Full Name (Last, First, Middle Initial) <b>PENNSYLVANIA ENERGY RESOURCES GROUP PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 223 STATE STREET THIRD FLOOR		<b>Transaction ID : SA11C.108922</b>
City HARRISBURG	State PA	
FEC ID number of contributing federal political committee. C C00454918		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>PG&amp;E CORPORATION EMPLOYEES ENERGY PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2014
Mailing Address 77 BEALE STREET PO BOX 770000 B29H		<b>Transaction ID : SA11C.108947</b>
City SAN FRANCISCO	State CA	
FEC ID number of contributing federal political committee. C C00177469		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**PROFESSIONAL AVIATION SAFETY SPECIALISTS PAC**

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  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11C.108932**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**SALTCHUK RESOURCES INC. PAC**

Mailing Address 32001 32ND AVE S STE 200

City FEDERAL WAY State WA Zip Code 98001

FEC ID number of contributing federal political committee. **C** C00411694

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C.108955**

Amount of Each Receipt this Period  
4000.00

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

Mailing Address 3800 WEBER ROAD

City ST LOUIS State MO Zip Code 63125

FEC ID number of contributing federal political committee. **C** C00554097

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11C.108982**

Amount of Each Receipt this Period  
1600.00

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

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

8100.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**TAXICAB LIMOUSINE & PARATRANSIT PAC**

Mailing Address 3849 FARRAGUT AVE

City State Zip Code  
KENSINGTON MD 20895

FEC ID number of contributing federal political committee. **C C00132480**

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  
10 / 19 / 2014

**Transaction ID : SA11C.108896**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 430 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 24 / 2014

**Transaction ID : SA11C.109084**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 430 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 24 / 2014

**Transaction ID : SA11C.109085**

Amount of Each Receipt this Period  
5000.00

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

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

12500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**UNITE HERE TIP CAMPAIGN COMMITTEE**

Mailing Address 275 7TH AVENUE 11TH FLOOR

City State Zip Code  
NEW YORK NY 10001

FEC ID number of contributing federal political committee. **C** C00004861

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  
10 / 31 / 2014

**Transaction ID : SA11C.108983**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)**

Mailing Address 9900 BREN ROAD EAST

City State Zip Code  
MINNETONKA MN 55343

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : SA11C.108948**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**WEBER FOR CONGRESS**

Mailing Address PO BOX 1327

City State Zip Code  
FRIENDSWOOD TX 77549

FEC ID number of contributing federal political committee. **C** C00502229

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 24 / 2014

**Transaction ID : SA11C.109086**

Amount of Each Receipt this Period  
2000.00

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>WEBER FOR CONGRESS</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014	
Mailing Address PO BOX 1327		<b>Transaction ID : SA11C.109087</b>	
City FRIENDSWOOD	State TX	Zip Code 77549	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C C00502229			
Name of Employer _____		Occupation _____	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Election Cycle-to-Date _____ 2500.00	

Full Name (Last, First, Middle Initial) <b>WEBPAC INC.</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2014	
Mailing Address PO BOX 23734		<b>Transaction ID : SA11C.109071</b>	
City HARAHAN	State LA	Zip Code 70183	Amount of Each Receipt this Period _____ 2500.00
FEC ID number of contributing federal political committee. C C00409789			
Name of Employer _____		Occupation _____	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Election Cycle-to-Date _____ 2500.00	

Full Name (Last, First, Middle Initial) <b>WILLBROS PAC</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 4400 POST OAK PARKWAY STE. 1000		<b>Transaction ID : SA11C.108906</b>	
City HOUSTON	State TX	Zip Code 77095	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee. C C00492637			
Name of Employer _____		Occupation _____	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Election Cycle-to-Date _____ 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 5600.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ 94450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 7.00
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL EXPENSES	<b>Transaction ID : SB17.108949</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 2121.81
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL TAXES	<b>Transaction ID : SB17.108959</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 28287.98
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement SEE BELOW	<b>Transaction ID : SB17.108961</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30416.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. HILL COUNTRY BBQ</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 410 7TH STREET NW			Amount of Each Disbursement this Period 344.80
City WASHINGTON	State DC	Zip Code 20004	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	<b>Transaction ID : SB17.108987</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. COSTCO WHOLESALE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1200 SOUTH FERN STREET			Amount of Each Disbursement this Period 316.22
City ARLINGTON	State VA	Zip Code 22202	
Purpose of Disbursement EVENT SUPPLIES		Category/ Type 001	<b>Transaction ID : SB17.108988</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. POTBELLY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1275 1ST STREET NE BLD 1 STE. J			Amount of Each Disbursement this Period 471.90
City WASHINTON	State DC	Zip Code 20002	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	<b>Transaction ID : SB17.108989</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2014</b>
Mailing Address <b>PO BOX 371461</b>		Amount of Each Disbursement this Period <b>35.39</b>
City <b>PITTSBURGH</b>	State <b>PA</b> Zip Code <b>15250</b>	
Purpose of Disbursement <b>SHIPPING</b>	<b>001</b>	<b>Transaction ID : SB17.108990</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US HOUSE OF REPRESENTATIVES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2014</b>
Mailing Address <b>HOUSE GIFT SHOP B-217 LONGWORTH BLDG</b>		Amount of Each Disbursement this Period <b>71.85</b>
City <b>WASHINGTON</b>	State <b>DC</b> Zip Code <b>20515</b>	
Purpose of Disbursement <b>GIFTS</b>	<b>001</b>	<b>Transaction ID : SB17.108991</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EXXON</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2014</b>
Mailing Address <b>542 SOUTH CENTER STREET</b>		Amount of Each Disbursement this Period <b>58.06</b>
City <b>EBENSBURG</b>	State <b>PA</b> Zip Code <b>15931</b>	
Purpose of Disbursement <b>FUEL</b>	<b>001</b>	<b>Transaction ID : SB17.108992</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 58			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. DOUBLETREE HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 11915 EL CAMINO REAL			Amount of Each Disbursement this Period 308.10
City SAN DIEGO	State CA	Zip Code 92130	
Purpose of Disbursement LODGING	Candidate Name		Transaction ID : SB17.108993 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____ District: _____	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. RISTORANTE TOSCA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1112 F STREET NW			Amount of Each Disbursement this Period 551.90
City WASHINGTON	State DC	Zip Code 20004	
Purpose of Disbursement EVENT CATERING	Candidate Name		Transaction ID : SB17.108994 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____ District: _____	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>C. THE BLAIRMONT CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 145 LARCH STREET			Amount of Each Disbursement this Period 6951.06
City HOLLIDAYSBURG	State PA	Zip Code 16648	
Purpose of Disbursement EVENT CATERING	Candidate Name		Transaction ID : SB17.108995 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____ District: _____	Category/Type 001		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 25505		Amount of Each Disbursement this Period 50.00
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement CELL PHONE	Transaction ID : SB17.108996
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. APPLE STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1100 S HAYES STREET LOT P04-A		Amount of Each Disbursement this Period 895.91
City ARLINGTON	State VA	
Zip Code 22202	Purpose of Disbursement OFFICE EQUIPMENT	Transaction ID : SB17.108997
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 400 N CAPITOL STREET NW		Amount of Each Disbursement this Period 856.00
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement TRANSPORTATION	Transaction ID : SB17.108998
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 58			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. LIMOS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2 EMBARCADERO CENTER STE. 1070		Amount of Each Disbursement this Period 230.83
City SAN FRANCISCO	State CA	
Zip Code 94111	Purpose of Disbursement TRANSPORTATION	Transaction ID : SB17.108999
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 800 MARKET STREET 7TH FLOOR		Amount of Each Disbursement this Period 52.72
City SAN FRANCISCO	State CA	
Zip Code 94115	Purpose of Disbursement TRANSPORTATION	Transaction ID : SB17.109000
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LAVO RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 39 EAST 58TH STREET		Amount of Each Disbursement this Period 290.00
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.109001
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. THE BENJAMIN HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 125 EAST 50TH STREET		Amount of Each Disbursement this Period 1438.37
City NEW YORK State NY Zip Code 10022	Purpose of Disbursement LODGING	
Candidate Name		Transaction ID : SB17.109002 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. SCHNEIDERS OF CAPITOL HILL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 300 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 341.01
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement EVENT BEVERAGES	
Candidate Name		Transaction ID : SB17.109003 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. SINPLICITY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 6402 ARLINGTON BLVD. STE. B150		Amount of Each Disbursement this Period 3424.19
City FALLS CHURCH State VA Zip Code 22042	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.109004 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. TAYLOR GOURMET</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 485 K ST NW			Amount of Each Disbursement this Period 359.12
City WASHINGTON	State DC	Zip Code 20001	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.109005  [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. SNOWBIRD CLIFF LODGE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 9320 S. CLIFF LODGE DR			Amount of Each Disbursement this Period 1990.13
City SNOWBIRD	State UT	Zip Code 84092	
Purpose of Disbursement LODGING		Category/ Type 001	Transaction ID : SB17.109006  [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. THE MERCERSBURG INN</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 405 S MAIN STREET			Amount of Each Disbursement this Period 239.14
City MERCERSBURG	State PA	Zip Code 17236	
Purpose of Disbursement LODGING		Category/ Type 001	Transaction ID : SB17.109007  [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. EMBASSY SUITES**

Full Name (Last, First, Middle Initial)  
Mailing Address 1776 BENJAMIN FRANKLIN PARK

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 29 / 2014

Amount of Each Disbursement this Period: 268.71

Transaction ID : SB17.109008

**[MEMO ITEM]**

**B. DELTA AIR LINES**

Full Name (Last, First, Middle Initial)  
Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 29 / 2014

Amount of Each Disbursement this Period: 1908.30

Transaction ID : SB17.109009

**[MEMO ITEM]**

**C. MAX DOWNTOWN**

Full Name (Last, First, Middle Initial)  
Mailing Address 185 ASYLUM ST

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 29 / 2014

Amount of Each Disbursement this Period: 1996.92

Transaction ID : SB17.109010

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 58			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. MARRIOTT HARTFORD</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014		
Mailing Address 200 COLUMBUS BLVD			Amount of Each Disbursement this Period 1217.91		
City HARTFORD	State CT	Zip Code 06103	Transaction ID : SB17.109019		
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. MARRIOTT NAPA VALLEY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014		
Mailing Address 3425 SOLANO AVE			Amount of Each Disbursement this Period 703.88		
City NAPA VALLEY	State CA	Zip Code 94558	Transaction ID : SB17.109020		
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. HILTON SAN FRANCISCO</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014		
Mailing Address 333 O'FARRELL ST			Amount of Each Disbursement this Period 788.32		
City SAN FRANCISCO	State CA	Zip Code 94102	Transaction ID : SB17.109021		
Purpose of Disbursement LODGING		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. TUSCANY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2832 E 6200 S		Amount of Each Disbursement this Period 261.47
City SALT LAKE CITY	State UT	
Purpose of Disbursement MEETING EXPENSE	Zip Code 84121	Transaction ID : SB17.109022
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DOS CAMINOS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 373 PARK AVENUE S		Amount of Each Disbursement this Period 80.50
City NEW YORK	State NY	
Purpose of Disbursement MEETING EXPENSE	Zip Code 10016	Transaction ID : SB17.109025
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 7.95
City NEWARK	State NJ	
Purpose of Disbursement CC TRANSACTION FEES	Zip Code 07101	Transaction ID : SB17.109079
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7.95
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 9001309		Amount of Each Disbursement this Period 91.15 <b>Transaction ID : SB17.108962</b>
City LOUISVILLE State KY Zip Code 40290	Purpose of Disbursement CELL PHONE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ATLANTIC BROADBAND</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address BOX 371801		Amount of Each Disbursement this Period 333.71 <b>Transaction ID : SB17.109026</b>
City PITTSBURGH State PA Zip Code 15250	Purpose of Disbursement INTERNET Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BASECAMP INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1929 18TH STREET NW		Amount of Each Disbursement this Period 151.60 <b>Transaction ID : SB17.108907</b>
City WASHINGTON State DC Zip Code 20009	Purpose of Disbursement PRINTING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	576.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 2101 L STREET NW STE. 1000			Amount of Each Disbursement this Period 1500.00	
City WASHINGTON	State DC	Zip Code 20037	Transaction ID : SB17.109027	
Purpose of Disbursement LEGAL FEES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. BIG A BOOSTER CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address 1415 SIXTH AVENUE			Amount of Each Disbursement this Period 300.00	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.109040	
Purpose of Disbursement ADVERTISING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. BLAIR COUNTY REPUBLICAN PARTY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 301 UNION AVE. #364			Amount of Each Disbursement this Period 200.00	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.108953	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001		
Candidate Name <b>BLAIR COUNTY REPUBLICAN PARTY</b>				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ERIC BURGESON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2403 N. UTAH ST.		Amount of Each Disbursement this Period 141.81 <b>Transaction ID : SB17.108968</b>
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement SEE BELOW 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 141.81 <b>Transaction ID : SB17.108969</b> <b>[MEMO ITEM]</b>
City ALBANY State NY Zip Code 12212	Purpose of Disbursement CELL PHONE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LAURENCE CASSAR</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 601 ALLEGHENY ST. APT. 2		Amount of Each Disbursement this Period 1990.60 <b>Transaction ID : SB17.108956</b>
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement SALARY 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2132.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. LAURENCE CASSAR</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 601 ALLEGHENY ST. APT. 2		Amount of Each Disbursement this Period 3373.66 <b>Transaction ID : SB17.109042</b>
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. LAURENCE CASSAR</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 601 ALLEGHENY ST. APT. 2		Amount of Each Disbursement this Period 69.64 <b>Transaction ID : SB17.109043</b>
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement SEE BELOW	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JOSHUA CHUMRIK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 982 WINTERSET RD.		Amount of Each Disbursement this Period 597.52 <b>Transaction ID : SB17.109066</b>
City EBENSBURG	State PA	
Zip Code 15931	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4040.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 58			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 49.25
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	<b>Transaction ID : SB17.108902</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 51.95
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	<b>Transaction ID : SB17.109011</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CASEY CONTRES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 2213 7TH AVE APT. A		Amount of Each Disbursement this Period 712.88
City ALTOONA	State PA Zip Code 16602	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type 001	<b>Transaction ID : SB17.109028</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	814.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ELECTEKUSA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 2382.42 <b>Transaction ID : SB17.109029</b>
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement SOFTWARE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. EIPHANY PRODUCTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 104 HUME AVE		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.108963</b>
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. EIPHANY PRODUCTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 104 HUME AVE		Amount of Each Disbursement this Period 170.06 <b>Transaction ID : SB17.108964</b>
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement SEE BELOW	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7552.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 371461		Amount of Each Disbursement this Period 119.11
City PITTSBURGH	State PA	
Zip Code 15250	Purpose of Disbursement SHIPPING	Transaction ID : SB17.108965
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIR LINES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1030 DELTA BOULEVARD		Amount of Each Disbursement this Period 25.00
City ATLANTA	State GA	
Zip Code 30320	Purpose of Disbursement AIRFARE	Transaction ID : SB17.108966
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 800 MARKET STREET 7TH FLOOR		Amount of Each Disbursement this Period 5.00
City SAN FRANCISCO	State CA	
Zip Code 94115	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.108967
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. FIRST COMMONWEALTH BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address CREDIT CARD DEPT PO BOX 0537		Amount of Each Disbursement this Period 109.84
City INDIANA State PA Zip Code 15701	Purpose of Disbursement SEE BELOW Category/Type 001	
Candidate Name		Transaction ID : SB17.108909
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. WARNERS FLORIST</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 20 S. MONTGOMERY STREET		Amount of Each Disbursement this Period 51.94
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement FLOWERS Category/Type 001	
Candidate Name		Transaction ID : SB17.108912 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BLACK DOG COFFEE &amp; CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 519 ALLEGHENY STREET		Amount of Each Disbursement this Period 39.54
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement MEETING EXPENSE Category/Type 001	
Candidate Name		Transaction ID : SB17.108913 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	109.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. FIRST COMMONWEALTH BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address CREDIT CARD DEPT PO BOX 0537		Amount of Each Disbursement this Period 280.52 <b>Transaction ID : SB17.109061</b>
City INDIANA State PA Zip Code 15701	Purpose of Disbursement NO ITEMIZATION NECESSARY 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:	
Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. FRANKLIN CO REPUBLICAN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address SUITE 293 SOUTH GATE MALL		Amount of Each Disbursement this Period 2760.00 <b>Transaction ID : SB17.108971</b>
City CHAMBERSBURG State PA Zip Code 17201	Purpose of Disbursement EVENT TICKETS 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:	
Category/Type 001		

Full Name (Last, First, Middle Initial) <b>C. JHZ CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address PO BOX 412		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.109041</b>
City HARRISBURG State PA Zip Code 17108	Purpose of Disbursement FUNDRAISING CONSULTING 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:	
Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7040.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. MR. SEAN JOYCE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1301 ALLEGHENY STREET		Amount of Each Disbursement this Period 239.52 <b>Transaction ID : SB17.108924</b>
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MR. SEAN JOYCE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 1301 ALLEGHENY STREET		Amount of Each Disbursement this Period 754.32 <b>Transaction ID : SB17.109046</b>
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BRUCE K KELLEY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 43 SENECA AVE		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.109012</b>
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement GENERAL CAMPAIGN CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1993.84
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 58			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. LAUREL HIGHLANDS COUNCIL BSA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 201 W. HIGH STREET STE. 1		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.108916</b>
City EBENSBURG State PA Zip Code 15931	Purpose of Disbursement ADVERTISING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MS. JENNIFER MEARKLE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3022 BROAD AVE		Amount of Each Disbursement this Period 171.18 <b>Transaction ID : SB17.108957</b>
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement SALARY 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ROGER OSBAUGH</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205		Amount of Each Disbursement this Period 19.99 <b>Transaction ID : SB17.108921</b>
City WAYNESBORO State PA Zip Code 17268	Purpose of Disbursement SEE BELOW 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	291.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. DOLLAR GENERAL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 904 BLAIR ST		Amount of Each Disbursement this Period 19.99
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement CELL PHONE MINUTES	Transaction ID : SB17.108923
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RED MAVERICK MEDIA LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 401 N. SECOND STREET		Amount of Each Disbursement this Period 59950.00
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement MEDIA BUY	Transaction ID : SB17.108919
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RED MAVERICK MEDIA LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 401 N. SECOND STREET		Amount of Each Disbursement this Period 3300.00
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement ROBO CALLS	Transaction ID : SB17.109067
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	63250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. S&amp;T BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 1100 LOGAN BLVD			Amount of Each Disbursement this Period 50.00	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.109078	
Purpose of Disbursement BANK FEES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. S&amp;T BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 1100 LOGAN BLVD			Amount of Each Disbursement this Period 30.00	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.109080	
Purpose of Disbursement BANK FEES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM STRAESSER</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 245 CAMPBELL DRIVE			Amount of Each Disbursement this Period 2494.85	
City DUNCANSVILLE	State PA	Zip Code 16635	Transaction ID : SB17.108958	
Purpose of Disbursement SALARY		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2574.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. MR. WILLIAM STRAESSER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address 245 CAMPBELL DRIVE			Amount of Each Disbursement this Period 964.32	
City DUNCANVILLE	State PA	Zip Code 16635	Transaction ID : SB17.109047	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MR. WILLIAM STRAESSER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address 245 CAMPBELL DRIVE			Amount of Each Disbursement this Period 369.62	
City DUNCANVILLE	State PA	Zip Code 16635	Transaction ID : SB17.109048	
Purpose of Disbursement SEE BELOW		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. JAFFA GUN RAFFLE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address PO BOX 1984			Amount of Each Disbursement this Period 20.00	
City ALTOONA	State PA	Zip Code 16603	Transaction ID : SB17.109049	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1333.94
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. COPPER KETTLE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 94 PEABODY STREET			Amount of Each Disbursement this Period 20.14
City NASHVILLE	State TN	Zip Code 37210	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.109050  [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. SOMERSET CO SPORTMEN'S LEAGUE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address PO BOX 76			Amount of Each Disbursement this Period 18.00
City NEW BALTIMORE	State PA	Zip Code 15553	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	Transaction ID : SB17.109051  [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. SOMERSET CO REPUBLICAN COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address PO BOX 401			Amount of Each Disbursement this Period 95.00
City SOMERSET	State PA	Zip Code 15501	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	Transaction ID : SB17.109052  [MEMO ITEM]
Candidate Name <b>SOMERSET CO REPUBLICAN COMMITTEE</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. WAL MART SUPERCENTER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address WALMART PLAZA			Amount of Each Disbursement this Period 191.66	
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.109053	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MR. WILLIAM STRAESSER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address 245 CAMPBELL DRIVE			Amount of Each Disbursement this Period 53.32	
City DUNCANSVILLE	State PA	Zip Code 16635	Transaction ID : SB17.109054	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. TUSCARORA AREA CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 19 NORTH MAIN STREET PO BOX 161			Amount of Each Disbursement this Period 175.00	
City MERCERSBURG	State PA	Zip Code 17236	Transaction ID : SB17.108925	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	228.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 58		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 1953.04 <b>Transaction ID : SB17.108970</b>
City ALBANY State NY Zip Code 12212	Purpose of Disbursement CELL PHONE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1953.04
<b>TOTAL</b> This Period (last page this line number only).....	126316.51

**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 56 OF 58	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. MLR</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 5506 6TH AVE REAR		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB20A.108894</b>
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement REFUND Candidate Name Category/Type 010	
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>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	50.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 58	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. BENTLEY SYSTEMS, INCORPORATED FEDERAL PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 18 / 2014</b>
Mailing Address <b>685 STOCKTON DRIVE</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB20C.109055</b>
City <b>EXTON</b> State <b>PA</b> Zip Code <b>19341</b>	Purpose of Disbursement <b>REFUND</b> <input type="checkbox"/> 010 Category/ Type	
Candidate Name <b>BENTLEY SYSTEMS, INCORPORATED FEDERAL PAC</b>	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>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City _____ State _____ Zip Code _____	Purpose of Disbursement	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City _____ State _____ Zip Code _____	Purpose of Disbursement	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1000.00</b>

**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 58 OF 58	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MEADOW GROUNDS LAKE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO BOX 84			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.108895</b>
City MCCONNELLSBURG	State PA	Zip Code 17233	
Purpose of Disbursement DONATION		Category/ Type 012	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. NRCC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 320 1ST ST SE			Amount of Each Disbursement this Period 80000.00 <b>Transaction ID : SB21.108926</b>
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement CONTRIBUTION		Category/ Type 011	
Candidate Name NRCC			
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>C. NRCC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 320 1ST ST SE			Amount of Each Disbursement this Period 25614.00 <b>Transaction ID : SB21.109057</b>
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement CONTRIBUTION		Category/ Type 011	
Candidate Name NRCC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	106114.00
<b>TOTAL</b> This Period (last page this line number only).....	106114.00