

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

BILL SHUSTER FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 27

Check if different than previously reported. (ACC)

HOLLIDAYSBURG

PA

16648

2. **FEC IDENTIFICATION NUMBER** ▼

C C00364935

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

PA

09

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

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ / through / /

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

Type or Print Name of Treasurer PAUL A KILGORE

Signature of Treasurer PAULA KILGORE

[Electronically Filed]

Date

/ /

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

| | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

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)).... | 736351.51 | 2872633.24 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 5400.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 736351.51 | 2867233.24 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 843643.76 | 1737969.12 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 1027.58 | 2150.31 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 842616.18 | 1735818.81 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1252482.72 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BILL SHUSTER FOR CONGRESS

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 365844.51 | 1300411.23 |
| (ii) Unitemized..... | 8111.00 | 31926.01 |
| (iii) TOTAL of contributions from individuals ▶ | 373955.51 | 1332337.24 |
| (b) Political Party Committees..... | 500.00 | 1000.00 |
| (c) Other Political Committees (such as PACs)..... | 361896.00 | 1539296.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 736351.51 | 2872633.24 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | | |
| | 1027.58 | 2150.31 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | | |
| | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 737379.09 | 2874783.55 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 843643.76 | 1737969.12 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 1400.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 4000.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 5400.00 |
| 21. OTHER DISBURSEMENTS | 450.00 | 247948.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 844093.76 | 1991317.12 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1359197.39 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 737379.09 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 2096576.48 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 844093.76 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1252482.72 |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 303 |
| | <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)
CRAIG L ADAMS

Mailing Address 207 BIRKDALE DR.

City State Zip Code
BLUE BELL PA 19422

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

Name of Employer Occupation
PECO ENERGY PRESIDENT/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11Al.105867

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
STEPHEN ALLISON

Mailing Address 200 MORNINGSIDE DR.

City State Zip Code
SAN ANTONIO TX 78209

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

Name of Employer Occupation
HAYNES BOONE SENIOR COUNSEL

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
 03 / 29 / 2014

Transaction ID : SA11Al.106425

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CHARLES E AMATO

Mailing Address 9311 SAN PEDRO AVE.
STE. 600

City State Zip Code
SAN ANTONIO TX 78216

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

Name of Employer Occupation
SWBC CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106426

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 303 |
| | <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)
MIKE ANDERSON

Mailing Address 615 CREEKBEND CT.

City State Zip Code
MESQUITE TX 75149

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

Name of Employer Occupation
THE BJ ANDERSON COMPANY COMMERCIAL REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106427

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ALFONSO L ARGUINDEGUI

Mailing Address 315 STRATFORD LN.

City State Zip Code
LAREDO TX 78041

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

Name of Employer Occupation
ARGUINDEGUI OIL CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106430

Amount of Each Receipt this Period
1000.00

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

Mailing Address 9999 COLLINS AVENUE APT 15G

City State Zip Code
BAL HARBOUR FL 33154

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11Al.105901

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 303 |
| | <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. MICKY ARISON

Mailing Address 3655 NW 87TH AVENUE

City State Zip Code
MIAMI FL 33178

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

Name of Employer Occupation
CARNIVAL CORPORATION CHAIRMAN & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105902

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AZAR SERVICES LLC

Mailing Address 201 WEST HILLSIDE STE. 23

City State Zip Code
LAREDO TX 78041

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

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
 03 / 31 / 2014

Transaction ID : SA11AI.106514

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LUIS HERRARA

Mailing Address 201 WEST HILLSIDE STE. 23

City State Zip Code
LAREDO TX 78041

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

Name of Employer Occupation
AZAR SERVICES PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106515

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]
PARTNERSHIP AZAR SERVICES LLC

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

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

2000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 303 |
| | <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)
HALEY BARBOUR

Mailing Address 648 DOGWOOD DR.

City YAZOO CITY State MS Zip Code 39194

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

Name of Employer BGR GOVERNMENT AFFAIRS Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11Al.106067

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3504 CUMMINGS LN

City CHEVY CHASE State MD Zip Code 20815

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

Name of Employer KILPATRICK STOCKTON LLP Occupation DIRECTOR OF GOVERNMENT RELATIONS-

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11Al.106185

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 265 POPLAR ST.

City WINNETKA State IL Zip Code 60093

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

Name of Employer UNITED Occupation VICE PRESIDENT-PRICING & REVENUE MAI

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11Al.105678

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 9 OF 303 |
| | <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)
ANTHONY S. BARTOLOMEO P.E.

Mailing Address 7 MANSOR COURT

| | | |
|----------------|-------------|-------------------|
| City SEWELL | State NJ | Zip Code 08080 |
|----------------|-------------|-------------------|

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

| | |
|--|-------------------------------|
| Name of Employer PENNONI ASSOCIATES INC | Occupation PRESIDENT & CEO |
|--|-------------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105899

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ANTHONY S. BARTOLOMEO P.E.

Mailing Address 7 MANSOR COURT

| | | |
|----------------|-------------|-------------------|
| City SEWELL | State NJ | Zip Code 08080 |
|----------------|-------------|-------------------|

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

| | |
|--|-------------------------------|
| Name of Employer PENNONI ASSOCIATES INC | Occupation PRESIDENT & CEO |
|--|-------------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106359

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
ATILLA BAYRAKTAR

Mailing Address 130 LONG HILL RD.
#2

| | | |
|----------------------|-------------|-------------------|
| City LITTLE FALLS | State NJ | Zip Code 07424 |
|----------------------|-------------|-------------------|

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

| | |
|---|-----------------------------|
| Name of Employer URMIT INTERNATIONAL TRADING | Occupation SALES MANAGER |
|---|-----------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.106276

Amount of Each Receipt this Period
2600.00

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

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

4200.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL J BEER

Mailing Address 6943 LERWICK CT

City State Zip Code
ALEXANDRIA VA 22315

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

Name of Employer Occupation
WILLIAMS & JENSEN PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.106318

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FREDRIC S BERGER

Mailing Address 1250 - 23RD ST. NW
3RD FLOOR

City State Zip Code
WASHINGTON DC 20037

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

Name of Employer Occupation
LOUIS BERGER GROUP ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105891

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
GUS BERGSMA

Mailing Address 3514 PURER RD.

City State Zip Code
ESCONDIDO CA 92029

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

Name of Employer Occupation
BENTLEY SYSTEMS SENIOR VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106329

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL K BERRY

Mailing Address 6217 GENOA RD.

City State Zip Code
FORT WORTH TX 76116

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

Name of Employer Occupation
HILLWOOD PROPERTIES PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.106068

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
ANTHONY BERTOLINO

Mailing Address 3950 W. WASHINGTON ST.

City State Zip Code
NEW CASTLE PA 16101

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

Name of Employer Occupation
MEKIS CONSTRUCTION SENIOR VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11AI.105624

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MICHAEL A BERTUZZI

Mailing Address 106 LODGE SPRINGS

City State Zip Code
BOERNE TX 78006

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106434

Amount of Each Receipt this Period
2500.00

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

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

5600.00

**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 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES L. BLY

Mailing Address 4620 HIDDEN POND DR.

City State Zip Code
ALLISON PARK PA 15101

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

Name of Employer Occupation
MARSH CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11A1.105623

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
STEVAN BOBB

Mailing Address 1813 KINSALE DRIVE

City State Zip Code
ROANOKE TX 76262

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

Name of Employer Occupation
BNSF MARKETING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11A1.106235

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
HENRY BONILLA

Mailing Address

City State Zip Code

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

Name of Employer Occupation
NORMANDY GROUP PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11A1.106435

Amount of Each Receipt this Period
1000.00

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

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

4100.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES G BOONE

Mailing Address 169 BOONE LANE

City State Zip Code
ALTOONA PA 16601

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

Name of Employer Occupation
LYTLES TRANSFER COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11Al.105813

Amount of Each Receipt this Period
250.00

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

Mailing Address 1374 SANDPIPER DR.

City State Zip Code
CORPUS CHRISTI TX 78412

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

Name of Employer Occupation
LINEBARGER GOGGAN BLAIR & SIMPSON, L DIRECTOR OF CLIENT RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106436

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1520 BLAIR ST.

City State Zip Code
HOUSTON TX 77008

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

Name of Employer Occupation
CAFE ADOBE EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106437

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 303 |
| | <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)
MARSHALL BRACHMAN

Mailing Address 634 A STREET NE

City State Zip Code
WASHINGTON DC 20002

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

Name of Employer Occupation
SELF EMPLOYED LOBBYIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106312

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
HAROLD E BRANDT

Mailing Address 2171 SOUTHPPOINT DR.

City State Zip Code
HUMMELSTOWN PA 17036

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

Name of Employer Occupation
CARLISLE EVENTS CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11AI.106048

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
SUSAN L. BRANDT

Mailing Address 187 WINDGATE DR.

City State Zip Code
CHESTER SPRINGS PA 19425

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

Name of Employer Occupation
BENTLEY SYSTEMS VP PRODUCT 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
 03 / 31 / 2014

Transaction ID : SA11AI.106327

Amount of Each Receipt this Period
1000.00

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

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

2000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 1980 POST OAK BLVD.
STE. 1580

City HOUSTON State TX Zip Code 77056

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

Name of Employer UPTOWN DEVELOPMENT Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106438

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PATRICK J BRIER

Mailing Address 242 VASSAR AVE.

City CLARKS GREEN State PA Zip Code 18411

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

Name of Employer MYERS BRIER & KELLY Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11Al.105832

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ELIZABETH BRITZ

Mailing Address 1009 NEWRY LN

City DUNCANSVILLE State PA Zip Code 16635

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

Name of Employer BRITZ & ASSOCIATES Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11Al.105939

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 303 |
| | <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)
JED A BROWN

Mailing Address 106 ELKINGTON LOOP

City State Zip Code
LAREDO TX 78045

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

Name of Employer Occupation
BROWNSTONE AFFORDABLE HOUSING, LTI VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106439

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SAMUEL N BROWN

Mailing Address 501 COLUMBIA

City State Zip Code
HOUSTON TX 77007

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

Name of Employer Occupation
PLAINS ALL AMERICAN VICE PRESIDENT OF OPERATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106440

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2500 COUNTRY CLUB DR.

City State Zip Code
PITTSBURGH PA 15205

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

Name of Employer Occupation
GOLDEN TRIANGLE CONSTRUCTION PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11AI.105625

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 303 |
| | <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)
ROBERT R BUCKLEY

Mailing Address 3401 MOORE ST.

City State Zip Code
PHILADELPHIA PA 19145

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

Name of Employer Occupation
BUCKLEY & COMPANY PRESIDENT/CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 17 / 2014

Transaction ID : SA11Al.105835

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BARBARA G BURCHETT

Mailing Address 2126 CONNECTICUT AVE. NW

City State Zip Code
WASHINGTON DC 20008

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11Al.106027

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DAVID E BURCHFIELD SR.

Mailing Address 713 RT 764
PO BOX 178

City State Zip Code
DUNCANSVILLE PA 16635

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

Name of Employer Occupation
BURCHFIELD ORGANIZATION INC SUPERVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11Al.105937

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 142 CLARK RD.

City State Zip Code
PERRYOPOLIS PA 15473

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11Al.106297

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
AMBER K BURTON

Mailing Address 7309A COLINA VISTA LOOP

City State Zip Code
AUSTIN TX 78750

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

Name of Employer Occupation
CAPITAL STRATEGIES D.C. PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11Al.106441

Amount of Each Receipt this Period
250.00

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

Mailing Address 35 S ROYAL FERN DR.

City State Zip Code
THE WOODLANDS TX 77380

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11Al.106246

Amount of Each Receipt this Period
2500.00

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

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

3250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 303 |
| | <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)
ARTHUR E CAMERON

Mailing Address 224 FALCON RIDGE RD

City State Zip Code
GREAT FALLS VA 22066

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.106186

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NANCY P CAMPBELL

Mailing Address 167 MOUNTAIN VIEW DR

City State Zip Code
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation
HOSS'S STEAK & SEA HOUSES FOUNDER/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105951

Amount of Each Receipt this Period
250.00

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

Mailing Address 2001 MARKET ST
TENTH FLOOR

City State Zip Code
PHILADELPHIA PA 19103

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

Name of Employer Occupation
MCCORMICK TAYLOR, INC ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105847

Amount of Each Receipt this Period
200.00

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

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

1450.00

**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 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 2001 MARKET ST
TENTH FLOOR

City PHILADELPHIA State PA Zip Code 19103

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

Name of Employer MCCORMICK TAYLOR, INC Occupation ENGINEER

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
 02 / 17 / 2014

Transaction ID : SA11AI.105848

Amount of Each Receipt this Period
 2300.00
 REATTRIBUTION PENDING

B. Full Name (Last, First, Middle Initial)
FRANK A CARO JR.

Mailing Address 6201 COLLEGE BLVD.
STE. 500

City OVERLAND PARK State KS Zip Code 66211

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 Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106442

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM A. CARTER III

Mailing Address 100 PENN SQUARE E STE. 1040

City PHILADELPHIA State PA Zip Code 19107

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

Name of Employer GILBANE Occupation SR. PROJECT EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106355

Amount of Each Receipt this Period
 500.00

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

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

3050.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) JAY CASHMAN | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 549 SOUTH ST. | | Transaction ID : SA11AI.106374 |
| City QUINCY | State MA | Zip Code 02169 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2600.00 | |
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) JOSEPH F. CASILLI | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 15 / 2014 |
| Mailing Address 114 ALYSON DR. | | Transaction ID : SA11AI.105619 |
| City MCMURRAY | State PA | Zip Code 15317 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer CASPER COLOSIMON AND SONS | Occupation EXECUTIVE VP | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) LARRY CEISLER | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 10 / 2014 |
| Mailing Address 1525 LOCUST ST. | | Transaction ID : SA11AI.105825 |
| City PHILADELPHIA | State PA | Zip Code 19102 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer SELF EMPLOYED | Occupation CONSULTANT | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4100.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 303 |
| | <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)
PAUL CELAURO

Mailing Address 5326 MCCULLOCH CIR.

City HOUSTON State TX Zip Code 77056

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

Name of Employer DANNENBAUM Occupation DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106443

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
HALIL CELIK

Mailing Address 12250 S KIRKWOOD RD.
APT. 1825

City STAFFORD State TX Zip Code 77477

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

Name of Employer SCHOOL OF SCIENCE & TECHNOLOGY Occupation ASSISTANT SUPERINTENDANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106444

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
PAUL D CHAPA

Mailing Address 8022 SAINT LAURENT

City CORPUS CHRISTI State TX Zip Code 78414

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

Name of Employer LINEBARGER GOGGAN BLAIR & SAMPSON, Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106445

Amount of Each Receipt this Period
 1000.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 23 OF 303
(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)
COBY CHASE

Mailing Address 2911 HARRIS BLVD.

City State Zip Code
AUSTIN TX 78703

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

Name of Employer Occupation
MEADOWS MENTAL HEALTH POLICY INSTIT DIRECTOR, EXTERNAL AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11Al.106187

Amount of Each Receipt this Period
500.00

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

Mailing Address 675 CEDAR CANYON RD.

City State Zip Code
CRAWFORD TX 76638

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

Name of Employer Occupation
BARSH COMPANY GENERAL CONTRACTOR. CONTRACTOR

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
 03 / 29 / 2014

Transaction ID : SA11Al.106446

Amount of Each Receipt this Period
500.00

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

Mailing Address 1990 SWEET ROOT RD

City State Zip Code
BEDFORD PA 15522

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

Name of Employer Occupation
CLARK CONTRACTORS, INC. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11Al.105798

Amount of Each Receipt this Period
200.00

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

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

1200.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 133 W. LOCUST ST. STE. 217

City State Zip Code
MECHANICSBURG PA 17055

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

Name of Employer Occupation
BUCHANAN INGERSOLL AND ROONEY ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11Al.106301

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
STEVEN L CLARK

Mailing Address 10203 DEL MONTE DR.

City State Zip Code
HOUSTON TX 77042

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

Name of Employer Occupation
ARUP TEXAS, INC. PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106447

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JAY W CLEVELAND JR.

Mailing Address 4565 WILLIAM PENN HWY

City State Zip Code
MURRYSVILLE PA 15668

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

Name of Employer Occupation
CLEVELAND BROTHERS EQUIPMENT CO. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11Al.105610

Amount of Each Receipt this Period
600.00

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

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

2100.00

**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 303 |
| | <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)
MARY S. CLEVELAND

Mailing Address 4565 WILLIAM PENN HWY.

City MURRYSVILLE State PA Zip Code 15668

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 **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : SA11Al.105611

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
MORLEY A COHN

Mailing Address 4305 2ND AVE

City ALTOONA State PA Zip Code 16602

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

Name of Employer KOPP DRUG Occupation PHARMACIST/PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11Al.105960

Amount of Each Receipt this Period
100.00

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

Mailing Address PO BOX 246

City CRESSON State PA Zip Code 16630

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 **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11Al.106153

Amount of Each Receipt this Period
250.00

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

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

750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 551 RIDGEWOOD DR.

City State Zip Code
NEW PARIS PA 15554

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

Name of Employer Occupation
BEDFORD COUNTY DEPUTY SHERIFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11Al.105822

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BENJAMIN COTTRELL

Mailing Address 1531 BLANFORD CIRCLE

City State Zip Code
NORFOLK VA 23505

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

Name of Employer Occupation
SELF EMPLOYED EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11Al.106313

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DAVID T COVARRUBIAS

Mailing Address 8507 MEAGHAN MIST

City State Zip Code
HELOTES TX 78023

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

Name of Employer Occupation
SEA SENIOR PROJECT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106448

Amount of Each Receipt this Period
2500.00

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

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

3750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL G CROFTON

Mailing Address 1740 E WILLOW GROVE AVE.

City LAVEROCK State PA Zip Code 19038

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

Name of Employer PHILADELPHIA TRUST COMPANY 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
 02 / 17 / 2014

Transaction ID : SA11AI.105849

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 580 WIGARD AVE.

City PHILADELPHIA State PA Zip Code 19128

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

Name of Employer NORTHMARQ ADVISORS Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105852

Amount of Each Receipt this Period
 1000.00

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

Mailing Address PO BOX 155

City GYNNEDD State PA Zip Code 19436

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

Name of Employer DANELLA COMPANIES, 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
 02 / 17 / 2014

Transaction ID : SA11AI.105844

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 3100 W ALABAMA ST.

City HOUSTON State TX Zip Code 77098

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106449

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
NICHOLAS DEBENEDICTIS

Mailing Address 231 GOLF VIEW RD

City ARDMORE State PA Zip Code 19003

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

Name of Employer AQUAAMERICA Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11Al.105688

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MS. DEBRA J. DELLAPOSTA

Mailing Address 241 QUEENS WAY

City ALTOONA State PA Zip Code 16601

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

Name of Employer WPS Occupation OWNER/VICE PRESIDENT

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
 02 / 24 / 2014

Transaction ID : SA11Al.105941

Amount of Each Receipt this Period
250.00

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

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

5350.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 303 |
| | <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)
ANTHONY J. DEPAUL

Mailing Address 1070 BLYTH CT.

City State Zip Code
BLUE BELL PA 19422

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

Name of Employer Occupation
THE DEPAUL GROUP GENERAL MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105865

Amount of Each Receipt this Period
850.00

B. Full Name (Last, First, Middle Initial)
PATRICIA B DETWILER

Mailing Address 186 ARANDALE ST

City State Zip Code
BEDFORD PA 15522

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105932

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
DONALD L DETWILER

Mailing Address 233 STONEHEDGE RD

City State Zip Code
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation
NEW ENTERPRISE STONE AND LIME EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11AI.105630

Amount of Each Receipt this Period
100.00

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

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

1250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 303 |
| | <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)
LYNNEA K DETWILER

Mailing Address 233 STONEHEDGE RD.

City State Zip Code
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11AI.105631

Amount of Each Receipt this Period
900.00

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

Mailing Address 9417 BYEFORDE RD

City State Zip Code
KENSINGTON MD 20895

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

Name of Employer Occupation
CADOTAG ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11AI.105789

Amount of Each Receipt this Period
500.00

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

Mailing Address 304 WARD AVE E

City State Zip Code
ALTOONA PA 16602

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

Name of Employer Occupation
BLAIR ELECTRIC SERVICES PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105957

Amount of Each Receipt this Period
250.00

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

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

1650.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 303 |
| | <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)
SANDRA DISTEFANO-BARTOLOMEO

Mailing Address 7 MANSOR CT.

City State Zip Code
SEWELL NJ 08080

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106361

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
LAWRENCE J DREYFUSS

Mailing Address 11A S WEST OAK DR.

City State Zip Code
HOUSTON TX 77056

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

Name of Employer Occupation
PLAINS ALL AMERICAN GENERAL COUNCIL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106450

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BILL T DUTRA

Mailing Address 1000 PT. SAN PEDRO RD.

City State Zip Code
SAN RAFAEL CA 94901

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

Name of Employer Occupation
THE DUTRA GROUP CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.106247

Amount of Each Receipt this Period
500.00

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

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

1900.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 303 |
| | <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)
BILL T DUTRA

Mailing Address 1000 PT. SAN PEDRO RD.

City SAN RAFAEL State CA Zip Code 94901

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

Name of Employer THE DUTRA GROUP Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106451

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DENIS J DWYER II

Mailing Address 3603 OVAL DR

City ALEXANDRIA State VA Zip Code 22305

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

Name of Employer WILLIAMS & JENSEN Occupation PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11Al.106188

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES H DYKSTRA

Mailing Address 6306 HUNTING RIDGE LN

City MC LEAN State VA Zip Code 22101

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

Name of Employer EDINGTON PEEL & ASSOCIATES, INC Occupation PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11Al.105900

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 303 |
| | <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)
TODD EARDENSOHN

Mailing Address 612 A ST. NE

City State Zip Code
WASHINGTON DC 20002

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

Name of Employer Occupation
BGR GROUP CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11Al.106069

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DUSTIN EASH

Mailing Address 2119 ALBANY

City State Zip Code
DALLAS TX 75201

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

Name of Employer Occupation
PGL CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106381

Amount of Each Receipt this Period
250.00

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

Mailing Address 255 W 5TH ST.
UNIT 1012

City State Zip Code
SAN PEDRO CA 90731

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11Al.106189

Amount of Each Receipt this Period
2000.00

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

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

3250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 303 |
| | <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)
J. RALPH ELLIS JR

Mailing Address **TEXAS COMMERCE TOWER SUITE 1530**
545 E JOHN CARPENTER FRWY

City **IRVING** State **TX** Zip Code **75062**

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

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11Al.106452

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JEFFREY W EMBLY

Mailing Address **214 PHOENIX DR**

City **CHAMBERSBURG** State **PA** Zip Code **17201**

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

Name of Employer **ORRSTOWN FINANCIAL SERVICES INC** Occupation **SENIOR VP-BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11Al.106043

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
NORMAN EMERSON

Mailing Address **3250 WILSHIRE BLVD.**
STE. 900

City **LOS ANGELES** State **CA** Zip Code **90010**

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

Name of Employer **EMERSON AND ASSOCIATES** Occupation **PRINCIPAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11Al.106184

Amount of Each Receipt this Period
500.00

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

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

3000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. BRUCE R ERB | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 109 AJAY COURT | | Transaction ID : SA11Al.105942 |
| City HOLLIDAYSBURG | State PA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer FIRST NATIONAL TRUST COMPANY | Occupation SENIOR VICE PRESIDENT | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 450.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. LOUIS R ESCARENO | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2014 |
| Mailing Address 2717 W MARTIN | | Transaction ID : SA11Al.106453 |
| City SAN ANTONIO | State TX | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer UETA | Occupation DIRECTOR OF GOVERNMENT AFFAIRS | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. MICHAEL A. FACCHIANO JR. | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 15 / 2014 |
| Mailing Address 209 ROSEWOOD CT | | Transaction ID : SA11Al.105621 |
| City VENETIA | State PA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer MICHAEL FACCHIANO CONSTRUCTION | Occupation EXECUTIVE | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1700.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 303 |
| | <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)
FASKEN MANAGEMENT, LLC

Mailing Address 6101 HOLIDAY HILL RD.

City MIDLAND State TX Zip Code 79707

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.106245

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
RAUL PERALES

Mailing Address 6101 HOLIDAY HILL RD.

City MIDLAND State TX Zip Code 79707

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

Name of Employer Occupation
 FASKEN MANAGEMENT LLC PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.106266

Amount of Each Receipt this Period
 2500.00

[MEMO ITEM]
 PARTNERSHIP FASKEN MANAGEMENT, LLC

C. Full Name (Last, First, Middle Initial)
JAMES L FERRELL JR.

Mailing Address 2907 AUTUMN LAKE DR.

City KATY State TX Zip Code 77450

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

Name of Employer Occupation
 PLAINS ALL AMERICAN VICE PRESIDENT - SUPPLY CHAIN MANAGE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106454

Amount of Each Receipt this Period
 500.00

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

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

3000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 303 |
| | <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)
MONA L FERRIS

Mailing Address 159 MADDOX DR

City: ALTOONA State: PA Zip Code: 16648

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

Name of Employer: CARNEIGE EQUIPMENT Occupation: OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 13 / 2014

Transaction ID : SA11Al.106152

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
THOMAS P FLEMING JR.

Mailing Address 235 COLLEGIATE DR.

City: JOHNSTOWN State: PA Zip Code: 15904

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

Name of Employer: RICHLAND SCHOOL DISTRICT Occupation: SUPERINTENDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 03 / 27 / 2014

Transaction ID : SA11Al.106282

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JAMES W FONTENO JR.

Mailing Address 10,000 MEMORIAL DR.
STE. 920

City: HOUSTON State: TX Zip Code: 77024

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

Name of Employer: MAJESTIC REALTY COMPANY Occupation: VICE PRESIDENT - INTERNATIONAL DEVEL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 29 / 2014

Transaction ID : SA11Al.106455

Amount of Each Receipt this Period: 1000.00

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

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

1750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 303 |
| | <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)
GREGORY C FOX

Mailing Address 1881 PARK ST.

City AZLE State TX Zip Code 76020

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

Name of Employer BNSF RAILWAY Occupation EXECUTIVE VICE PRESIDENT OF OPERATI

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11Al.106248

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
ELAINE A. FRANTZ

Mailing Address 266 HOPEWOOD FAIRCHANCE RD.

City UNIONTOWN State PA Zip Code 15401

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

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11Al.105637

Amount of Each Receipt this Period
 250.00

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

Mailing Address 15412 FAIRFIELD

City LIVONIA State MI Zip Code 48154

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

Name of Employer ORCHARD HILTZ & MCCLIMENT, INC. Occupation VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11Al.105890

Amount of Each Receipt this Period
 500.00

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

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

3350.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 303 |
| | <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)
LAWRENCE FRIEDMAN

Mailing Address 1016 GRANT ST.

City State Zip Code
LAREDO TX 78040

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

Name of Employer Occupation
LAWRENCE FRIEDMAN REAL ESTATE OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106457

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
EDWARD E FRIZELL III

Mailing Address 2618 ORCHARD LN.

City State Zip Code
LAWRENCE KS 66049

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

Name of Employer Occupation
POLSINELLI PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106458

Amount of Each Receipt this Period
250.00

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

Mailing Address 417 N. ASAPH

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Occupation
POLSINELLI LAW FIRM ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11Al.106181

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 303 |
| | <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)
CARA K FRY

Mailing Address 201 CHESWOLD LN.

City: HAVERFORD State: PA Zip Code: 19041

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

Name of Employer: THE DEMUTH MUSEUM Occupation: MEMBER OF THE BOARD

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 02 / 17 / 2014

Transaction ID : SA11AI.105840

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 1 CENTERPOINTE DR. STE. 200

City: LAKE OSWEGO State: OR Zip Code: 97035

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 03 / 29 / 2014

Transaction ID : SA11AI.106459

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 1 CENTERPOINTE DR. STE. 200

City: LAKE OSWEGO State: OR Zip Code: 97035

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 03 / 29 / 2014

Transaction ID : SA11AI.106460

Amount of Each Receipt this Period: 2600.00

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

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

6200.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 303 |
| | <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)
HAROLD C GABLER JR.

Mailing Address 691 MONTGOMERY AVE

City State Zip Code
CHAMBERSBURG PA 17201

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

Name of Employer Occupation
GS&G PROPERTIES PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11Al.106052

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
LINDA G GABLER

Mailing Address 3718 EUCALYPTUS CT

City State Zip Code
CHAMBERSBURG PA 17202

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11Al.106050

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
ANNIE R GARZA

Mailing Address 1522 DEMARET CT.

City State Zip Code
LAREDO TX 78045

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106461

Amount of Each Receipt this Period
250.00

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

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

3250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 303 |
| | <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)
ANTHEA GERMANO

Mailing Address 307 20TH ST S

City State Zip Code
ALTOONA PA 16602

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

Name of Employer Occupation
PA DEPARTMENT OF HEALTH PUBLIC HEALTH ADMINISTRATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11Al.105949

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
ANTHEA GERMANO

Mailing Address 307 20TH ST S

City State Zip Code
ALTOONA PA 16602

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

Name of Employer Occupation
PA DEPARTMENT OF HEALTH PUBLIC HEALTH ADMINISTRATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11Al.105950

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
PATRICK B GILLESPIE JR.

Mailing Address 4020 GOSHEN RD.

City State Zip Code
NEWTOWN SQUARE PA 19073

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

Name of Employer Occupation
INDEPENDENCE BLUE CROSS BOARD MEMBER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11Al.105845

Amount of Each Receipt this Period
1000.00

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

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

1200.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 303 |
| | <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)
MAXINE L GINDLESPERGER

Mailing Address 165 HIGHFIELD LN N

City State Zip Code
CHAMBERSBURG PA 17201

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

Name of Employer Occupation
E-LYNXX CORPORATION PRINT PROCUREMENT SERVICE PROVIDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11Al.106054

Amount of Each Receipt this Period
1500.00

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

Mailing Address 26 SNOWDEN LN.

City State Zip Code
PRINCETON NJ 08540

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

Name of Employer Occupation
PHILADELPHIA TELEVISION NETWORK CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11Al.105855

Amount of Each Receipt this Period
1000.00

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

Mailing Address 76 BELLVALE RD.

City State Zip Code
MOUNTAIN LAKES NJ 07046

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

Name of Employer Occupation
BANK OF AMERICA MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11Al.106249

Amount of Each Receipt this Period
500.00

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

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

3000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 5000 MONTROSE BLVD.
UNIT 15F

City HOUSTON State TX Zip Code 77006

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

Name of Employer PLAINS ALL AMERICAN Occupation EXECUTIVE VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106462

Amount of Each Receipt this Period
500.00

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

Mailing Address 10102 LAWYERS RD

City VIENNA State VA Zip Code 22181

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

Name of Employer EDMUND GRABER ASSOCIATES Occupation CONSULTANT-GOVERNMENT AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.106190

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM P. GRAVES

Mailing Address 900 WHANN AVE.

City MCLEAN State VA Zip Code 22101

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

Name of Employer AMERICAN TRUCKING ASSOCIATION Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106463

Amount of Each Receipt this Period
100.00

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

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

1600.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 900 WHANN AVE.

City MCLEAN State VA Zip Code 22101

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

Name of Employer AMERICAN TRUCKING ASSOCIATION Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106464

Amount of Each Receipt this Period
900.00

B. Full Name (Last, First, Middle Initial)
DAWN GREEN

Mailing Address 16615 SNELL MEADOW

City SAN ANTONIO State TX Zip Code 78247

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

Name of Employer CIVIL ENGINEERING CONSULTANTS Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106465

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3555 FARNAM ST.
STE. 1000

City OMAHA State NE Zip Code 68131

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11Al.106071

Amount of Each Receipt this Period
2600.00

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

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

4500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 303 |
| | <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)
DEBRA GREWCOCK

Mailing Address 3555 FARNAM ST.
STE. 1000

City OMAHA State NE Zip Code 68131

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.106072

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
PATRICK J. GUISE

Mailing Address 111 PANCOAST PLACE

City MULLICA HILL State NJ Zip Code 08062

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

Name of Employer MCCORMICK TAYLOR INC. Occupation CHIEF VISIONARY OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105925

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ERKAN GUMUSTEKN

Mailing Address 22 CRAIG CT.

City ELMWOOD PARK State NJ Zip Code 07407

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.106274

Amount of Each Receipt this Period
1000.00

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

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

4600.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 303 |
| | <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)
RAMESH GUNDA

Mailing Address 7126 SILVERTHORNE DR.

City State Zip Code
SUGAR LAND TX 77479

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

Name of Employer Occupation
GUNDA CORPORATION PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106466

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
LAXMI GUNDA

Mailing Address 7126 SILVERTHORNE DR.

City State Zip Code
SUGAR LAND TX 77479

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106467

Amount of Each Receipt this Period
2400.00

C. Full Name (Last, First, Middle Initial)
RYAN E HARCAR

Mailing Address 3322 S PARKSIDE DR.

City State Zip Code
NEW CASTLE PA 16105

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

Name of Employer Occupation
LINDY PAVING CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11Al.105628

Amount of Each Receipt this Period
500.00

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 48 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOSEPH A HARDY III

Mailing Address 1019 ROUTE 519
BUILDING #5

City EIGHTY FOUR State PA Zip Code 15330

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

Name of Employer 84 LUMBER COMPANY Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106336

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JOSEPH A HARDY III

Mailing Address 1019 ROUTE 519
BUILDING #5

City EIGHTY FOUR State PA Zip Code 15330

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

Name of Employer 84 LUMBER COMPANY Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106337

Amount of Each Receipt this Period
900.00

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

Mailing Address 129 HASKIN DR.

City SAN ANTONIO State TX Zip Code 78209

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

Name of Employer FRONTIER ENTERPRISES Occupation PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106468

Amount of Each Receipt this Period
1000.00

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

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

2000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 303 |
| | <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)
D MICHAEL HAWBAKER

Mailing Address 502 STONECLIFFE PL

City State Zip Code
PORT MATILDA PA 16870

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

Name of Employer Occupation
GLENN O. HAWBAKER EXECUTIVE VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11Al.105710

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
AMY H HAWKINS

Mailing Address 2604 N NELSON ST.

City State Zip Code
ARLINGTON VA 22207

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

Name of Employer Occupation
BNSF RAILWAY VICE PRESIDENT - GOVERNMENT AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106469

Amount of Each Receipt this Period
1000.00

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

Mailing Address 520 THOURON RD.

City State Zip Code
COATESVILLE PA 19320

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11Al.106060

Amount of Each Receipt this Period
2600.00

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

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

4100.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 303 |
| | <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)
EDWARD J HAZZOURI

Mailing Address 46 WARWICK RD.

City HADDONFIELD State NJ Zip Code 08033

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

Name of Employer HAZZOURI & ASSOCIATES Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11Al.105851

Amount of Each Receipt this Period
1000.00

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

Mailing Address 112 BRUBAKER LANE

City ALTOONA State PA Zip Code 16601

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

Name of Employer SELF EMPLOYED Occupation PROPANE MARKETER

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
 02 / 14 / 2014

Transaction ID : SA11Al.105817

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MICHAEL HERSON

Mailing Address 8709 BURNING TREE ROAD

City BETHESDA State MD Zip Code 20817

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

Name of Employer AMERICAN DEFENSE INTERNATIONAL INC. Occupation GOVERNMENT RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11Al.106319

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 51 OF 303 |
| | <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)
HICKEY PENA ARCHITECTS

Mailing Address 919 VICTORIA STREET

City LAREDO State TX Zip Code 78040

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106516

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MARIO A. PENA

Mailing Address 919 VICTORIA STREET

City LAREDO State TX Zip Code 78040

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

Name of Employer Occupation
 HICKEY PENA ARCHITECTS PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106517

Amount of Each Receipt this Period
 1000.00

**[MEMO ITEM]
 PARTNERSHIP HICKEY PENA ARCHITECTS**

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

Mailing Address 220 CEDARBROOK RD.

City ARDMORE State PA Zip Code 19003

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

Name of Employer Occupation
 INDEPENDENCE BLUE CROSS 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
 02 / 17 / 2014

Transaction ID : SA11Al.105846

Amount of Each Receipt this Period
 2500.00

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

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

3500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. JEFFREY HIRSCHBERG | | Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2014 | |
| Mailing Address 5804 MADAKET RD. | | Transaction ID : SA11Al.105790 | |
| City BETHESDA | State MD | Zip Code 20816 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer NORTHEAST MAGLEV, LLC | Occupation CHAIRMAN | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. R LEE HITE | | Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014 | |
| Mailing Address 501 BEAUMONT DR | | Transaction ID : SA11Al.105966 | |
| City ALTOONA | State PA | Zip Code 16602 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 | |
| Name of Employer THE HITE COMPANY | Occupation PRESIDENT | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. THOMAS M HITE | | Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2014 | |
| Mailing Address 1601 FORDHAM CIR | | Transaction ID : SA11Al.105947 | |
| City ALTOONA | State PA | Zip Code 16602 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 | |
| Name of Employer CTC | Occupation ENGINEER/PROGRAM MANAGER | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1800.00 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 303 |
| | <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)
FERDI HIZAL

Mailing Address 208 COLUMBIA ST.

City State Zip Code
CLIFFSIDE PARK NJ 07010

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

Name of Employer Occupation
STEVENS INSTITUTE OF TECHNOLOGY RESEARCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.106271

Amount of Each Receipt this Period
 1100.00

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

Mailing Address 10730 MEADOW LN.

City State Zip Code
PHILA PA 19154

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

Name of Employer Occupation
K&L GATES PARTNER/ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105854

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation
HOLT CAT CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106470

Amount of Each Receipt this Period
 1000.00

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

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

3100.00

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

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

FOR LINE NUMBER: PAGE 54 OF 303
(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)
PETER J HOLT

Mailing Address

City State Zip Code

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

Name of Employer Occupation
HOLT CAT 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
03 29 2014

Transaction ID : SA11Al.106471

Amount of Each Receipt this Period
 1000.00

2000.00

B. Full Name (Last, First, Middle Initial)
IFTEKHAR HOSSAIN

Mailing Address 17 REVERE CT.

City State Zip Code
PRINCETON JUNCTION NJ 08550

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

Name of Employer Occupation
IH ENGINEERS ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 31 2014

Transaction ID : SA11Al.106366

Amount of Each Receipt this Period
 1000.00

1000.00

C. 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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 31 2014

Transaction ID : SA11Al.106339

Amount of Each Receipt this Period
 100.00

600.00

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

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

2100.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES D HUGHES

Mailing Address 211 SHATTO DR

City State Zip Code
CARLISLE PA 17013

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

Name of Employer Occupation
SALZMANN, HUGHES & FISHMAN, PC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11AI.106041

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
REBECCA R HUGHES

Mailing Address 211 SHATTO DR

City State Zip Code
CARLISLE PA 17013

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

Name of Employer Occupation
SALZMANN HUGHES, PC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11AI.106042

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
KENNY C HULSHOF

Mailing Address 24 BINGHAM RD.

City State Zip Code
COLUMBIA MO 65203

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106472

Amount of Each Receipt this Period
1000.00

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

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

4000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. MICHAEL L HUMPHREY | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014 | |
| Mailing Address 112 SANDSTONE DR. | | Transaction ID : SA11Al.106151 | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | | | |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. JAMES M HUMPHREY IV | | Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014 | |
| Mailing Address 8130 NW MASTERS LN. | | Transaction ID : SA11Al.106473 | |
| City KANSAS CITY | State MO | Zip Code 64152 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. CHARLES B. HUTH | | Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2014 | |
| Mailing Address 115 WONDERLY DR. | | Transaction ID : SA11Al.105612 | |
| City SARVER | State PA | Zip Code 16055 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer MATCHCON DIAMOND | Occupation PROJECT MANAGER | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 303 |
| | <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)
CARL R ICE

Mailing Address 2206 CEDAR ELM TER.

City WESTLAKE State TX Zip Code 76262

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

Name of Employer BNSF RAILWAY COMPANY 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
 03 / 19 / 2014

Transaction ID : SA11AI.106191

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
FRED N IMLER II

Mailing Address PO BOX 836

City DUNCANSVILLE State PA Zip Code 16635

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

Name of Employer IMLERS POULTRY LLP Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.105808

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MARIO JASSO

Mailing Address 101 MERLIN RD.

City LAREDO State TX Zip Code 78041

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106474

Amount of Each Receipt this Period
 1000.00

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

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

3850.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 365 BACKBONE RD.

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
SEUBERT AND ASSOCIATES PARTNER

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
 01 / 15 / 2014

Transaction ID : SA11Al.105620

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
NOE JINOJOSA JR.

Mailing Address 6038 WOODLAND DR.

City State Zip Code
DALLAS TX 75225

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

Name of Employer Occupation
ESTRADA HINOJOSA & CO. INVESTMENT BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106521

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
JOHN M. MILLS, LLC

Mailing Address 864 CROFT RD.

City State Zip Code
GREENSBURG PA 15601

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11Al.105640

Amount of Each Receipt this Period
1000.00

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

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

4000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 864 CROFT RD.

City Greensburg State PA Zip Code 15601

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

Name of Employer JOHN M. MILLS, LLC Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11AI.105641

Amount of Each Receipt this Period
 1000.00

[MEMO ITEM]
 PARTNERSHIP JOHN M. MILLS, LLC

B. Full Name (Last, First, Middle Initial)
KEVIN L JOHNSON

Mailing Address 1759 HAMILTON DR

City Phoenixville State PA Zip Code 19460

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

Name of Employer TRAFFIC PLANNING & DESIGN INC. Occupation TRANSPORTATION ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106324

Amount of Each Receipt this Period
 600.00

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

Mailing Address 116 HARDWOOD DR.

City Venetia State PA Zip Code 15367

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

Name of Employer GOLDEN TRIANGLE CONSTRUCTION Occupation SENIOR PROJECT MANAGER

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
 01 / 15 / 2014

Transaction ID : SA11AI.105622

Amount of Each Receipt this Period
 500.00

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

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

1100.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANDREW N. JOHNSON

Mailing Address 212 MONTPELIER DR.

City State Zip Code
DOWNTOWN PA 19335

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

Name of Employer Occupation
BENTLEY SYSTEMS EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106333

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BRENDA V JOHNSON

Mailing Address 12940 COUNTRY PKWY

City State Zip Code
SAN ANTONIO TX 78216

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

Name of Employer Occupation
VICKERY & ASSOCIATES PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106475

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LOUIS H JONES JR.

Mailing Address 3100 W ALABAMA ST.

City State Zip Code
HOUSTON TX 77098

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

Name of Employer Occupation
DANNENBAUM PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106476

Amount of Each Receipt this Period
2100.00

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

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

3600.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 303 |
| | <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)
LOUIS H JONES JR.

Mailing Address 3100 W ALABAMA ST.

City HOUSTON State TX Zip Code 77098

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

Name of Employer DANNENBAUM Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106477

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
RICHARD E JORDAN II

Mailing Address 4 FOXTAIL CT.

City MECHANICSBURG State PA Zip Code 17050

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

Name of Employer SMITH LAND IMPROVEMENT Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11Al.106053

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
NANCY JORGENSEN FLETCHER

Mailing Address 4125 PARKGLEN CT NW

City WASHINGTON State DC Zip Code 20007

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

Name of Employer OUTDOOR ADVERTISING ASSOC Occupation PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11Al.106070

Amount of Each Receipt this Period
1000.00

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

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

1900.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DR. JOHN P JOYCE

Mailing Address 1101 LOGAN BLVD.

City State Zip Code
ALTOONA PA 16602

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

Name of Employer Occupation
SELF EMPLOYED DERMATOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11Al.105802

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MEHMET JUKSEL

Mailing Address 214 MARTHA AVE.
FLOOR 2

City State Zip Code
ELMWOOD PARK NJ 07407

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11Al.106273

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
HERSHEL KAMEN

Mailing Address 672 VERNON

City State Zip Code
GLENCOE IL 60022

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

Name of Employer Occupation
UNITED SENIOR VICE PRESIDENT-ALLIANCES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11Al.105679

Amount of Each Receipt this Period
1000.00

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

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

2750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DR. RAJ G KANSAL

Mailing Address 1342 S LOGAN BLVD.

City: HOLLIDAYSBURG State: PA Zip Code: 16648

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 03 / 27 / 2014

Transaction ID : SA11Al.106281

Amount of Each Receipt this Period: 100.00

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

Mailing Address 124 STONEHEDGE RD

City: HOLLIDAYSBURG State: PA Zip Code: 16648

FEC ID number of contributing federal political committee: C

Name of Employer: BURT HILL Occupation: ARCHITECT/PROJECT EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 02 / 14 / 2014

Transaction ID : SA11Al.105815

Amount of Each Receipt this Period: 250.00

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

Mailing Address 401 - 6TH ST. SE

City: WASHINGTON State: DC Zip Code: 20003

FEC ID number of contributing federal political committee: C

Name of Employer: TEXAS CENTRAL RAILWAY Occupation: VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 03 / 29 / 2014

Transaction ID : SA11Al.106478

Amount of Each Receipt this Period: 500.00

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

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

850.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 OF 303 |
| | <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. REX H KAUP

Mailing Address **PO BOX 2538**

City **ALTOONA** State **PA** Zip Code **16603**

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

Name of Employer **YOUNG OAKES BROWN & CO, P.C.** Occupation **CPA/ADVISER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11Al.105814

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRIAN T KEECH

Mailing Address **216 AVON RD.**

City **NARBERTH** State **PA** Zip Code **19072**

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

Name of Employer **DREXEL UNIVERSITY** Occupation **SENROR VICE PRESIDENT, GOVERNMENT C**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 17 / 2014

Transaction ID : SA11Al.105836

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WALLY C KELLY

Mailing Address **8632 E VIA LAS SERENA**

City **PARADISE VALLEY** State **AZ** Zip Code **85253**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11Al.106074

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 817 W 61ST TER.

City State Zip Code
KANSAS CITY MO 64113

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106479

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
ALAN P. KIRALY

Mailing Address 14790 RIO RANCHO

City State Zip Code
SAN DIEGO CA 92127

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

Name of Employer Occupation
BENTLEY SYSTEMS VP OPERATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106326

Amount of Each Receipt this Period
1000.00

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

Mailing Address 591 COVE LN

City State Zip Code
ROARING SPRING PA 16673

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

Name of Employer Occupation
WILLIAM J. KIRSCH MD PC PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11Al.105816

Amount of Each Receipt this Period
200.00

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

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

1550.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 303 |
| | <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. ROBERT H KIRST

Mailing Address 268 SHADY HOLLOW RD

City SOMERSET State PA Zip Code 15501

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

Name of Employer GLOBAL/SFC VALVE CORP Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106347

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ROBERT L KISS

Mailing Address 1011 NW 157TH AVE.

City PEMBROKE PINES State FL Zip Code 33028

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

Name of Employer ATLAS AIR Occupation VICE PRESIDENT-GROUND OPERATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11Al.105680

Amount of Each Receipt this Period
500.00

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

Mailing Address 10315 FOLK ST

City SILVER SPRING State MD Zip Code 20902

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11Al.106073

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 303 |
| | <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)
ISAMIL KONUK

Mailing Address 109 MALCOLM AVE

City State Zip Code
GARFIELD NJ 07026

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

Name of Employer Occupation
MILKYWAY EDUCATION CENTER, INC. TREASURER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11Al.106315

Amount of Each Receipt this Period
2600.00

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

Mailing Address 1280 MARYLAND AVE SW

City State Zip Code
WASHINGTON DC 20024

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

Name of Employer Occupation
REPUBLIC PROPERTIES CORPORATION REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : SA11Al.106075

Amount of Each Receipt this Period
100.00

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

Mailing Address 1280 MARYLAND AVE SW

City State Zip Code
WASHINGTON DC 20024

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

Name of Employer Occupation
REPUBLIC PROPERTIES CORPORATION REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : SA11Al.106076

Amount of Each Receipt this Period
900.00

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

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

3600.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 220 HUNTING HILL LN

City WEST CHESTER State PA Zip Code 19380

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

Name of Employer KRAPF BUS COMPANIES Occupation CHAIRMAN OF THE BOARD

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105863

Amount of Each Receipt this Period
1000.00

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

Mailing Address 220 HUNTING HILL LN

City WEST CHESTER State PA Zip Code 19380

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

Name of Employer KRAPF BUS COMPANIES Occupation CHAIRMAN OF THE BOARD

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.106291

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
DALLAS KRAPF

Mailing Address 407 JACOBS CT.

City EXTON State PA Zip Code 19341

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

Name of Employer KRAPF BUS COMPANIES Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105864

Amount of Each Receipt this Period
1000.00

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

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

2600.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 OF 303 |
| | <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)
NANNETTE KRAPF

Mailing Address 220 HUNTING HILL LN.

City WEST CHESTER State PA Zip Code 19380

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11Al.106292

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
WILLIAM C KREITZ

Mailing Address 1164 WHEATON DR.

City BETHLEHEM State PA Zip Code 18017

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

Name of Employer HAMPSON MOWRER KREITZ AGENCY Occupation INSURANCE SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106330

Amount of Each Receipt this Period
1000.00

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

Mailing Address 255 SHRADER HOLLOW RD.

City NEW STANTON State PA Zip Code 15672

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 Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106554

Amount of Each Receipt this Period
250.00

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

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

1650.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 70 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 509 BYRON CT.

City IRVING State TX Zip Code 75038

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

Name of Employer AWTI.COM Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Al.106379

Amount of Each Receipt this Period
2600.00

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

Mailing Address 509 BYRON CT.

City IRVING State TX Zip Code 75038

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

Name of Employer AWTI.COM Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Al.106380

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT C LANHAM JR

Mailing Address 2210 BRITTON RIDGE DRIVE

City KATY State TX Zip Code 77494

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

Name of Employer WILLIAMS BROTHERS CONSTRUCTION Occupation VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11Al.106480

Amount of Each Receipt this Period
2600.00

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

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

7800.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 71 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PATRICK V LARKIN

Mailing Address 129 SPRINGTON MEWS CIR.

City MEDIA State PA Zip Code 19063

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

Name of Employer ARTHUR J. GALLAGHER & COMPANY Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11Al.105860

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3133 CONNECTICUT AVE. NW
APT. 2303

City WASHINGTON State DC Zip Code 20008

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

Name of Employer NEW MAGELLAN VENTURES, LLC Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11Al.105792

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 3133 CONNECTICUT AVE. NW
APT. 2303

City WASHINGTON State DC Zip Code 20008

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

Name of Employer NEW MAGELLAN VENTURES, LLC Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11Al.106277

Amount of Each Receipt this Period
 1100.00

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

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

3600.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 3133 CONNECTICUT AVE. NW
APT. 2303

City WASHINGTON State DC Zip Code 20008

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

Name of Employer NEW MAGELLAN VENTURES, LLC Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11Al.106278

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
MIMI LAWLESS

Mailing Address 3133 CONNECTICUT AVE. NW

City WASHINGTON State DC Zip Code 20008

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11Al.106279

Amount of Each Receipt this Period
2600.00

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

Mailing Address 41 MAJESTIC CIR

City HOLLIDAYSBURG State PA Zip Code 16648

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

Name of Employer LAWROK LAND DEVELOPERS Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11Al.105935

Amount of Each Receipt this Period
250.00

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

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

4350.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 7304 DURBIN TERR

City State Zip Code
BETHESDA MD 20817

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

Name of Employer Occupation
RICH LEIDL, PC 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
03 / 19 / 2014

Transaction ID : SA11AI.106192

Amount of Each Receipt this Period
1000.00

B. 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
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : SA11AI.105642

Amount of Each Receipt this Period
250.00

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

Mailing Address 633 GILMORE RD

City State Zip Code
SOMERSET PA 15501

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

Name of Employer Occupation
LEISS TOOL & DIE OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : SA11AI.105643

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
PARTNERSHIP LEISS TOOL & DIE

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

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

1250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 OF 303 |
| | <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)
MRS. SUSAN H. LENT

Mailing Address 3529 MALVERN CT.

City State Zip Code
ALEXANDRIA VA 22304

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

Name of Employer Occupation
AKIN GUMP STRAUSS HAUER & FELD LLP ATTORNEY

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
 03 / 11 / 2014

Transaction ID : SA11Al.106077

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PETER S LEVI

Mailing Address 11512 HIGH DR.

City State Zip Code
LEAWOOD KS 66211

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106481

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LEWIS ECKERT ROBB AND CO

Mailing Address SUITE 425 ONE PLYMOUTH MEETING

City State Zip Code
PLYMOUTH MEETING PA 19462

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11Al.105829

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 303 |
| | <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)
ROBERT C ROBB JR

Mailing Address **ONE PLYMOUTH MEETING SUITE 425**

City **PLYMOUTH MEETING** State **PA** Zip Code **19462**

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

Name of Employer **LEWIS, ECKERT, ROBB & CO** Occupation **PRESIDENT/PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 17 / 2014

Transaction ID : SA11Al.105830

Amount of Each Receipt this Period
1000.00

**[MEMO ITEM]
PARTNERSHIP LEWIS ECKERT ROBB AND CO**

B. Full Name (Last, First, Middle Initial)
DAN S LEYENDECKER

Mailing Address **801 NAVIGATION BLVD.
STE. 300**

City **CORPUS CHRISTI** State **TX** Zip Code **78408**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11Al.106482

Amount of Each Receipt this Period
500.00

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

Mailing Address **5008 LOCKWOOD**

City **WACO** State **TX** Zip Code **76710**

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

Name of Employer **OLDCASTLE MATERIALS** Occupation **DIRECTOR OF MARKETING & PUBLIC RELA**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11Al.106483

Amount of Each Receipt this Period
500.00

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

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

1000.00

1000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 OF 303 |
| | <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)
GEORGE A LITTLE

Mailing Address 112 S 92ND ST.

| | | |
|---------------|-------------|-------------------|
| City OMAHA | State NE | Zip Code 68114 |
|---------------|-------------|-------------------|

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

| | |
|-------------------------|----------------------------|
| Name of Employer HDR | Occupation CHAIRMAN/CEO |
|-------------------------|----------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11Al.105897

Amount of Each Receipt this Period
500.00

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

Mailing Address 922 DENSMORE BAY CT.

| | | |
|-------------------|-------------|-------------------|
| City GAMBRILLS | State MD | Zip Code 21054 |
|-------------------|-------------|-------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED |
|---|-------------------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11Al.106078

Amount of Each Receipt this Period
1000.00

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

Mailing Address 9 DIAMOND DR.

| | | |
|------------------|-------------|-------------------|
| City THORNTON | State PA | Zip Code 19373 |
|------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer LOEPER & ASSOCIATES | Occupation PRINCIPAL |
|---|-------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11Al.105859

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 OF 303 |
| | <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)
SHAWN M LONG

Mailing Address 110 WELLINGTON WAY

City JOHNSTOWN State PA Zip Code 15904

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

Name of Employer MEDCOMSOFT Occupation CEO/OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11Al.105943

Amount of Each Receipt this Period
 250.00

2250.00

B. Full Name (Last, First, Middle Initial)
JANICE M LONGORIA

Mailing Address 23 W TERRACE

City HOUSTON State TX Zip Code 77007

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

Name of Employer OGDEN GIBSON BROOKS LONGORIA & HALI Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106484

Amount of Each Receipt this Period
 1000.00

1000.00

C. Full Name (Last, First, Middle Initial)
MR. GARY L LUNDY

Mailing Address 315 W THIRD STREET

City PITTSBURG State KS Zip Code 66762

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

Name of Employer WATCO COMPANIES Occupation EXECUTIVE VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106485

Amount of Each Receipt this Period
 1000.00

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 78 OF 303 |
| | <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)
M AND R INVESTMENTS

Mailing Address PO BOX 550306

City State Zip Code
DALLAS TX 75355

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106518

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
RICHARDO RAMOS

Mailing Address 402 NAFTA BLVD

City State Zip Code
LAREDO TX 78045

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

Name of Employer Occupation
M AND R INVESTMENTS SR. PROJECT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106519

Amount of Each Receipt this Period
 1000.00

**[MEMO ITEM]
PARTNERSHIP M AND R INVESTMENTS**

C. Full Name (Last, First, Middle Initial)
MILAM MABRY

Mailing Address 4432 CRESTWAY DR.

City State Zip Code
AUSTIN TX 78731

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

Name of Employer Occupation
MABRY PUBLIC AFFAIRS, LLC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106378

Amount of Each Receipt this Period
 500.00

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

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

1500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 OF 303 |
| | <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)
JEFFREY E MACK

Mailing Address 604 WOODLEAVE RD.

City State Zip Code
BRYN MAWR PA 19010

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

Name of Employer Occupation
NEWMARK, GRUBB, KNIGHT, FRANK MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.106137

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ORRIN B MACMURRAY

Mailing Address 8311 DIXON RD.

City State Zip Code
CAMDEN NY 13316

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

Name of Employer Occupation
C&S COMPANIES CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105893

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ROBERT L MAHER P.D

Mailing Address 207 JAMES AVE

City State Zip Code
PATTON PA 16668

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

Name of Employer Occupation
PATTON PHARMACY CONSULTANT PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105938

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 105 STAYMAN DR.

City NORTH WALES State PA Zip Code 19454

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

Name of Employer MCCORMICK TAYLOR Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106325

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
STEPHEN MALASZECKI

Mailing Address 8 S. BRANCH CT.

City MULLICA HILL State NJ Zip Code 08062

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

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106364

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
RICK MALDONADO

Mailing Address 1836 15TH ST. NW

City WASHINGTON State DC Zip Code 20009

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

Name of Employer RICK MALDONADO & ASSOCIATES, INC. Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106486

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 81 OF 303 |
| | <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)
ARIF R. MALICK

Mailing Address 16 ROBIN HILL WAY

City State Zip Code
RINGOES NJ 08551

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MALICK AND SCHERER ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.106368

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ALEXANDRIA MARREN

Mailing Address 2718 JENNY JAE LN.

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UNITED EXPRESS SENIOR VICE PRESIDENT-NETWORK OPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.105681

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JAMES A MARTIN

Mailing Address 7366 HORST RD

City State Zip Code
CHAMBERSBURG PA 17202

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MARTINS FAMOUS PASTRY SHOPPE, INC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.106032

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 82 OF 303 |
| | <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)
MRS. DONNA F MARTIN

Mailing Address 7366 HORST RD.

City State Zip Code
CHAMBERSBURG PA 17202

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

Name of Employer Occupation
MFPS, INC. DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11Al.106033

Amount of Each Receipt this Period
2400.00

B. Full Name (Last, First, Middle Initial)
ROBERTO P MARTINEZ JR.

Mailing Address PO BOX 450583

City State Zip Code
LAREDO TX 78045

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

Name of Employer Occupation
HOWLAND ENGINEERING PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106487

Amount of Each Receipt this Period
2500.00

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

Mailing Address 3801 CHEVY CHASE

City State Zip Code
HOUSTON TX 77019

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

Name of Employer Occupation
ENERGY TRANSFER PARTNERS ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106488

Amount of Each Receipt this Period
2600.00

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 83 OF 303 |
| | <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)
NICHOLAS MASUCCI

Mailing Address 20 PROSPECT AVE.

City MONTCLAIR State NJ Zip Code 07042

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

Name of Employer BERGER GROUP HOLDINGS 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
 02 / 24 / 2014

Transaction ID : SA11AI.105895

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3447 E. CARSON ST.

City PITTSBURGH State PA Zip Code 15203

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

Name of Employer MATCON DIAMOND Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11AI.105627

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
FRANK G. MCCARTNEY

Mailing Address 101 OLDHAM PL.

City MAPLE GLEN State PA Zip Code 19002

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

Name of Employer PARSONS BRINCKERHOFF Occupation SENIOR VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106357

Amount of Each Receipt this Period
 1000.00

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

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

2500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 303 |
| | <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)
ROSEMARY A. MCCASKIE

Mailing Address 737 BUTTERMORE RD.

City State Zip Code
RUFFSDALE PA 15679

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : SA11Al.105614

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WALLACE GENE MCGEE JR.

Mailing Address 3810 NORTH PINE VALLEY LOOP

City State Zip Code
LECANTO FL 34461

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

Name of Employer Occupation
GMA INC. 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
02 / 10 / 2014

Transaction ID : SA11Al.105824

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT M MCGOWAN JR

Mailing Address 245 TALL TIMBER DR

City State Zip Code
JOHNSTOWN PA 15904

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

Name of Employer Occupation
MISSION CRITICAL SOLUTIONS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11Al.105821

Amount of Each Receipt this Period
200.00

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: (check only one) | PAGE 85 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN B. MCGOWAN JR.

Mailing Address 17 LEE BOULEVARD STE. D

City MALVERN State PA Zip Code 19355

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

Name of Employer JAECO FLUID SYSTEMS INC. Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11Al.105761

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1111 PINE ST

City HOLLIDAYSBURG State PA Zip Code 16648

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

Name of Employer MCLANAHAN CORPORATION Occupation BUSINESSMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11Al.105803

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SEAN K MCLANAHAN

Mailing Address 126 ALLISON WAY

City HOLLIDAYSBURG State PA Zip Code 16648

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

Name of Employer MCLANAHAN CORPORATION Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11Al.105952

Amount of Each Receipt this Period
200.00

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

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

1450.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 86 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOSEPH J MCLAUGHLIN JR.

Mailing Address 60 INDIAN SPRINGS RD.

| | | |
|---------------|-------------|-------------------|
| City MEDIA | State PA | Zip Code 19063 |
|---------------|-------------|-------------------|

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

| | |
|---|------------------------|
| Name of Employer HAVERFORD TRUST COMPANY | Occupation CHAIRMAN |
|---|------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105853

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
ROBERT D. MCNEIL

Mailing Address 301 FIVE POINT RD.

| | | |
|---------------------|-------------|-------------------|
| City COATESVILLE | State PA | Zip Code 19320 |
|---------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer PENGUIN REAL ESTATE | Occupation PRESIDENT |
|---|-------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106334

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
AUSTIN A. MEEHAN

Mailing Address 402 NEWBOLD RD.

| | | |
|--------------------|-------------|-------------------|
| City JENKINTOWN | State PA | Zip Code 19046 |
|--------------------|-------------|-------------------|

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

| | |
|---|--------------------------|
| Name of Employer UTILITY LINE SERVICE INC. | Occupation CONTRACTOR |
|---|--------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105857

Amount of Each Receipt this Period
1600.00

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

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

2950.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 87 OF 303 |
| | <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)
AUSTIN A. MEEHAN

Mailing Address 402 NEWBOLD RD.

City State Zip Code
JENKINTOWN PA 19046

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

Name of Employer Occupation
UTILITY LINE SERVICE INC. CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11Al.105858

Amount of Each Receipt this Period
1000.00

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

Mailing Address 39 LOCKWOOD AVE.

City State Zip Code
OLD GREENWICH CT 06870

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

Name of Employer Occupation
BANK OF AMERICA MERRILL LYNCH MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11Al.106250

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CARLOS V MEJIA

Mailing Address 1202 HOUSTON ST.
STE. 200

City State Zip Code
LAREDO TX 78041

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

Name of Employer Occupation
MEJIA ENGINEERING COMPANY PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106489

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 OF 303 |
| | <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)
MARIO MELE

Mailing Address 1250 PINETOWN RD/

City State Zip Code
FORT WASHINGTON PA 19034

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

Name of Employer Occupation
FIDELLIO DENTAL INSURANCE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105850

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GEORGE E MEZEY

Mailing Address 2005 WOODLAND ROAD

City State Zip Code
MARS PA 16046

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

Name of Employer Occupation
TRUMBULL CORP PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.105709

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO BOX 13

City State Zip Code
CHAMPION PA 15622

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

Name of Employer Occupation
PLUM CONTRACTING VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11AI.105617

Amount of Each Receipt this Period
500.00

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

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

2500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 OF 303 |
| | <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)
ROBERT G MINER

Mailing Address 403 BALSAM CT.

City Greensburg State PA Zip Code 15601

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

Name of Employer DONEGAL CONSTRUCTION Occupation BUSINESSMAN

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
 01 / 15 / 2014

Transaction ID : SA11AI.105613

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MIA T. MITCHELL

Mailing Address 301 SONIE DR.

City SEWICKLEY State PA Zip Code 15143

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

Name of Employer LINDY PAVING Occupation ACCOUNTANT

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
 01 / 15 / 2014

Transaction ID : SA11AI.105629

Amount of Each Receipt this Period
500.00

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

Mailing Address 5506 6TH AVE REAR

City ALTOONA State PA Zip Code 16602

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105958

Amount of Each Receipt this Period
100.00

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

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

1600.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 2591 RESERVOIR ROAD

City State Zip Code
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation
FIORE BROTHERS INC EXECUTIVE

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
 02 / 24 / 2014

Transaction ID : SA11AI.106690

Amount of Each Receipt this Period
100.00

**[MEMO ITEM]
PARTNERSHIP MLR**

B. Full Name (Last, First, Middle Initial)
MLR

Mailing Address 5506 6TH AVE REAR

City State Zip Code
ALTOONA PA 16602

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105959

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MICHAEL A FIORE

Mailing Address 2591 RESERVOIR ROAD

City State Zip Code
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation
FIORE BROTHERS INC EXECUTIVE

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
 02 / 24 / 2014

Transaction ID : SA11AI.106691

Amount of Each Receipt this Period
150.00

**[MEMO ITEM]
PARTNERSHIP MLR**

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

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

150.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 91 OF 303 |
| | <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)
LOREN L MONROE

Mailing Address 1733 FAIRVIEW AVE.

| | | |
|----------------|-------------|-------------------|
| City MCLEAN | State VA | Zip Code 22101 |
|----------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer BGR GOVERNMENT AFFAIRS | Occupation PRINCIPAL |
|--|-------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11Al.106079

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN T MONTFORD

Mailing Address 1 BUCKINGHAM CT.

| | | |
|---------------------|-------------|-------------------|
| City SAN ANTONIO | State TX | Zip Code 78257 |
|---------------------|-------------|-------------------|

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

| | |
|---|-------------------------------|
| Name of Employer JTM CONSULTING, LLC | Occupation PRESIDENT & CEO |
|---|-------------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106490

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CASEY A MOORE P.E.

Mailing Address 1013 BRASSINGTON DR

| | | |
|----------------------|-------------|-------------------|
| City COLLEGEVILLE | State PA | Zip Code 19426 |
|----------------------|-------------|-------------------|

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

| | |
|--|---------------------------------------|
| Name of Employer MCMAHON ASSOCIATES, INC. | Occupation TRANSPORTATION ENGINEER |
|--|---------------------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.106335

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 92 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN D MORAN JR.

Mailing Address 771 SUPPLEE MILL RD.

City State Zip Code
LEWISBURG PA 17837

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

Name of Employer Occupation
MORAN INDUSTRIES PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11AI.106059

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH A MORRA

Mailing Address 6219 POINDEXTER LN.

City State Zip Code
ROCKVILLE MD 20852

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

Name of Employer Occupation
THE PODESTA GROUP LOBBYIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105903

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
STEVEN T. MOSITES JR.

Mailing Address 535 SMITHFIELD ST., STE. 2425

City State Zip Code
PITTSBURGH PA 15222

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

Name of Employer Occupation
THE MOSITES COMPANY PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11AI.105615

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 OF 303 |
| | <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)
MAJIDA M MOURAD

Mailing Address

City State Zip Code

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

Name of Employer
CHENTIERE ENERGY

Occupation
GOVERNMENT AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Al.106358

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
STEPHEN M. MUCK

Mailing Address **1000 JOHN ROEBLING WAY**

City State Zip Code
SAXONBURG PA 16056

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

Name of Employer
BRAYMAN CONSTRUCTION

Occupation
PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11Al.105645

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
STEPHEN M. MUCK

Mailing Address **1000 JOHN ROEBLING WAY**

City State Zip Code
SAXONBURG PA 16056

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

Name of Employer
BRAYMAN CONSTRUCTION

Occupation
PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11Al.105646

Amount of Each Receipt this Period
 2400.00

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 94 OF 303 |
| | <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)
BLAKE N MURILLO

Mailing Address 14486 VALLEY VISTA BL

City State Zip Code
SHERMAN OAKS CA 91423

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

Name of Employer Occupation
PSOMAS CHIEF EXECUTIVE OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11Al.105683

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DANIEL MURPHY

Mailing Address 9911 SHADY COVE DR.

City State Zip Code
FAIRFAX STATION VA 22039

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

Name of Employer Occupation
BGR GROUP GENERAL COUNSEL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11Al.106316

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DEREK E NAISER

Mailing Address 104 SUMMER GLEN

City State Zip Code
BOERNE TX 78006

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

Name of Employer Occupation
LNV VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11Al.106491

Amount of Each Receipt this Period
1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 95 OF 303
(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)
T P NANCE

Mailing Address **PO BOX 1670**

City **LAREDO** State **TX** Zip Code **78044**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.106513

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
TERRY F NEIMEYER

Mailing Address **14 ANDREWS CT**

City **PARKTON** State **MD** Zip Code **21120**

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

Name of Employer **KCI TECHNOLOGIES INC.** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.105898

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
STEPHEN M. NEUBAUER

Mailing Address **PO BOX 985**

City **UNIONTOWN** State **PA** Zip Code **15401**

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

Name of Employer **NEUBAUER'S FLOWERS, INC.** Occupation **FLORIST**

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
03 / 31 / 2014

Transaction ID : SA11AI.106350

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 96 OF 303 |
| | <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)
CHARLES J. NIEDERRITER

Mailing Address 129 PRESERVE VALLEY DR.

| | | |
|----------------------------|-------------|-------------------|
| City CRANBERRY TOWNSHIP | State PA | Zip Code 16066 |
|----------------------------|-------------|-------------------|

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

| | |
|--|-------------------|
| Name of Employer GOLDEN TRIANGLE CONSTRUCTION | Occupation COO |
|--|-------------------|

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
 01 / 15 / 2014

Transaction ID : SA11AI.105618

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JUDY NOONAN

Mailing Address 277 EAGLE PKWY.

| | | |
|------------------|-------------|-------------------|
| City ST. PAUL | State MN | Zip Code 55102 |
|------------------|-------------|-------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED |
|---|-------------------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.106251

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GABRIEL F. NORONA

Mailing Address 11900 NW 8TH ST.

| | | |
|--------------------|-------------|-------------------|
| City PLANTATION | State FL | Zip Code 33325 |
|--------------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer BENTLEY SYSTEMS | Occupation SENIOR VP |
|-------------------------------------|-------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106328

Amount of Each Receipt this Period
1000.00

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

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

2000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 97 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PATRICK O'DONNELL

Mailing Address 672 N 75 EAST

City: COALVILLE State: UT Zip Code: 84017

FEC ID number of contributing federal political committee: C

Name of Employer: YESCO OUTDOOR MEDIA Occupation: PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 11 / 2014

Transaction ID : SA11Al.106080

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
MEHMET OGUZ

Mailing Address 8814 CANVAS BACK

City: SAN ANTONIO State: TX Zip Code: 78245

FEC ID number of contributing federal political committee: C

Name of Employer: TURQUOIS COUNCIL Occupation: ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 03 / 29 / 2014

Transaction ID : SA11Al.106492

Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
KEITH A ORRIS

Mailing Address 500 N ROSE LN.

City: HAVERFORD State: PA Zip Code: 19041

FEC ID number of contributing federal political committee: C

Name of Employer: DREXEL UNIVERSITY Occupation: SENIOR VICE PRESIDENT, CORPORATE RE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 02 / 17 / 2014

Transaction ID : SA11Al.105837

Amount of Each Receipt this Period: 250.00

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

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

3250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 98 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) OKTAY OZER | | Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014 | |
| Mailing Address 74 SHERIDAN AVE. | | Transaction ID : SA11Al.106272 | |
| City CLIFTON | State NJ | Zip Code 07011 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 | |
| Name of Employer TTRS | Occupation FINANCE MANAGER | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) RUFFNER PAGE | | Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014 | |
| Mailing Address 3132 OVERHILL RD. | | Transaction ID : SA11Al.106028 | |
| City BIRMINGHAM | State AL | Zip Code 35223 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer MCWANE | Occupation EXECUTIVE | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) STEVEN O PALMER | | Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014 | |
| Mailing Address 5827 N 27TH ST. | | Transaction ID : SA11Al.106193 | |
| City ARLINGTON | State VA | Zip Code 22207 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer VAN SCOYOC ASSOCIATES | Occupation VICE PRESIDENT | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1500.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4600.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 99 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 5827 N 27TH ST.

City ARLINGTON State VA Zip Code 22207

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

Name of Employer VAN SCOYOC ASSOCIATES Occupation VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106509

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
VITO S PANTILIONE

Mailing Address 210 MILL BRIDGE CT.

City PORT REPUBLIC State NJ Zip Code 08241

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105861

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
HARRY N PEFANIS

Mailing Address 4103 UNIVERSITY BLVD.

City HOUSTON State TX Zip Code 77005

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

Name of Employer PLAINS ALL AMERICAN Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106494

Amount of Each Receipt this Period
2500.00

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

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

4500.00

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 100 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. CHARLES R PENNONI | | Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2014 | |
| Mailing Address 411 VALLEY GLEN DR. | | Transaction ID : SA11Al.105838 | |
| City BRYN MAWR | State PA | Zip Code 19010 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 | |
| Name of Employer PENNONI & ASSOCIATES | Occupation CIVIL ENGINEER | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. ANNETTE C PENNONI | | Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2014 | |
| Mailing Address 411 VALLEY GLEN DR. | | Transaction ID : SA11Al.105839 | |
| City BRYN MAWR | State PA | Zip Code 19010 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 | |
| Name of Employer NONE | Occupation HOMEMAKER | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

| | | | |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. JOHN D PETERSEN | | Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014 | |
| Mailing Address 6201 COLLEGE BLVD. #500 | | Transaction ID : SA11Al.106495 | |
| City OVERLAND PARK | State KS | Zip Code 66211 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6200.00 |
| TOTAL This Period (last page this line number only)..... | 6200.00 |

**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 101 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) KAREN E PFEFFER | | Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 160 STONEHEDGE RD | | Transaction ID : SA11Al.105944 |
| City HOLLIDAYSBURG | State PA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer SELF EMPLOYED | Occupation ATTORNEY | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 350.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) JULIE A PIGGOTT | | Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014 |
| Mailing Address 703 GREYMOOR PL. | | Transaction ID : SA11Al.106194 |
| City SOUTHLAKE | State TX | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 |
| Name of Employer BNSF RAILWAY COMPANY | Occupation VICE PRESIDENT & CFO | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) JANET L POWELL | | Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014 |
| Mailing Address 506 WYTHE ST. | | Transaction ID : SA11Al.106195 |
| City ALEXANDRIA | State VA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer BAKER DONELSON BEARMAN CALDWELL & | Occupation SENIOR PUBLIC POLICY ADVISOR | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3350.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 102 OF 303 |
| | <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)
JEFFREY G PUIG

Mailing Address 208 SPARKS CT.

City State Zip Code
LAREDO TX 78045

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

Name of Employer Occupation
CIVIC ENGINEERING CONSULTANTS PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106496

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
STEPHEN RADEMAKER

Mailing Address 1620 BROOKSIDE RD.

City State Zip Code
MCLEAN VA 22101

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

Name of Employer Occupation
PODESTA GROUP PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.105983

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RAFFAELE & PUPPIO, LLP

Mailing Address 19 W 3RD ST.

City State Zip Code
MEDIA PA 19063

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

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
 02 / 17 / 2014

Transaction ID : SA11AI.105843

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 103 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 19 W 3RD. ST.

City MEDIA State PA Zip Code 19062

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

Name of Employer RAFFAELE & PUPPIO LLP Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105994

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]
PARTNERSHIP RAFFAELE & PUPPIO, LLP

B. Full Name (Last, First, Middle Initial)
DEBRA P REA

Mailing Address 119 STONEHEDGE RD

City HOLLIDAYSBURG State PA Zip Code 16648

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.105807

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MATT REECE

Mailing Address 9 SIENNA CIRCLE

City WARMINSTER State PA Zip Code 18974

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106373

Amount of Each Receipt this Period
500.00

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

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

750.00

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 104 OF 303 |
| | <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)
JEFFREY N REEDER

Mailing Address 10970 MCFARLAND RD

City State Zip Code
MERCERSBURG PA 17236

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

Name of Employer Occupation
UNIVERSAL PROJECTS INC BUSINESSMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11Al.106062

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
GAIL REEDER

Mailing Address 10970 MCFARLAND RD

City State Zip Code
MERCERSBURG PA 17236

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

Name of Employer Occupation
INFORMATION REQUESTED HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11Al.106061

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
LOUIS E RENJEL

Mailing Address 214 SAN JUAN DR.

City State Zip Code
PONTE VEDRA BEACH FL 32082

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

Name of Employer Occupation
CSX CORPORATION VICE PRESIDENT-STRATEGIC INFRASTRUC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11Al.105682

Amount of Each Receipt this Period
500.00

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 105 OF 303 |
| | <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)
THERESA L RIGGS

Mailing Address 423 LANESBOROUGH DR.

City MARIETTA State GA Zip Code 30064

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
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106497

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
THERESA L RIGGS

Mailing Address 423 LANESBOROUGH DR.

City MARIETTA State GA Zip Code 30064

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
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106500

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
TONY M RIGGS

Mailing Address 423 LANESBOROUGH DR.

City MARIETTA State GA Zip Code 30064

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
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106498

Amount of Each Receipt this Period
2600.00

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

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

7800.00

**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 106 OF 303 |
| | <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)
TONY M RIGGS

Mailing Address 423 LANESBOROUGH DR.

City State Zip Code
MARIETTA GA 30064

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106499

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
JOHN A ROBERTS JR.

Mailing Address 320 POND STREET

City State Zip Code
HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation
ALLEGHENY ORTHOTICS/PROSTHETICS OWNER/PROSTHETIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105936

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GAYLE A ROBERTS

Mailing Address 6914 NOTTINGHAM LN.

City State Zip Code
BETTENDORF IA 52722

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

Name of Employer Occupation
STANLEY CONSULTANTS PRESIDENT/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105896

Amount of Each Receipt this Period
500.00

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

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

3350.00

**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 107 OF 303 |
| | <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)
JACK ROCCO

Mailing Address 605 NELSON RD.

City State Zip Code
ALTOONA PA 16601

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

Name of Employer Occupation
ALTOONA HOSPITAL PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105953

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WAYNE ROGERS

Mailing Address 191 MAIN ST.

City State Zip Code
ANNAPOLIS MD 21401

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

Name of Employer Occupation
NORTHEAST MAGLEV, LLC CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11AI.105793

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1110 POST OAK PLACE

City State Zip Code
WESTLAKE TX 76262

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.106428

Amount of Each Receipt this Period
2600.00
IN-KIND:EVENT CATERING

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

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

3850.00

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 108 OF 303 |
| | <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)
LISA ROSE

Mailing Address 1110 POST OAK PLACE

City WESTLAKE State TX Zip Code 76262

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
1734.51

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

Transaction ID : SA11AI.106431

Amount of Each Receipt this Period
1734.51

IN-KIND:EVENT CATERING

B. Full Name (Last, First, Middle Initial)
FRANK J ROSS JR.

Mailing Address 3005 W 117TH ST.

City LEAWOOD State KS Zip Code 66211

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

Name of Employer POLSINELLI Occupation BUSINESS DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11AI.106501

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CLIFFORD R ROWE

Mailing Address 707 AMBERSON AVE.

City PITTSBURGH State PA Zip Code 15232

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

Name of Employer TRUMBALL CORP. Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11AI.105708

Amount of Each Receipt this Period
1000.00

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

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

3734.51

**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 109 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 1000 POTOMAC ST. NW STE. 102

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20007 |
|--------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer RUNYAN PUBLIC AFFAIRS | Occupation PRINCIPAL |
|---|-------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11Al.105794

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
G. BRYAN SALZMANN

Mailing Address 4 SEBASTIAN WAY

| | | |
|------------------|-------------|-------------------|
| City CARLISLE | State PA | Zip Code 17013 |
|------------------|-------------|-------------------|

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

| | |
|---|------------------------|
| Name of Employer SALZMANN HUGHES, PC | Occupation ATTORNEY |
|---|------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11Al.106044

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
SUSAN E SALZMANN

Mailing Address 4 SEBASTIAN WAY

| | | |
|------------------|-------------|-------------------|
| City CARLISLE | State PA | Zip Code 17013 |
|------------------|-------------|-------------------|

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11Al.106045

Amount of Each Receipt this Period
400.00

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

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

3250.00

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 110 OF 303 |
| | <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)
ADAM R SCHELLHASE

Mailing Address 3296 MUIRFIELD DR.

City State Zip Code
CHAMBERSBURG PA 17202

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

Name of Employer Occupation
SALZMAN HUGHES, PC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11Al.106040

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM G SCHUBERT

Mailing Address 37715 EDGEWATER DR.

City State Zip Code
PINEHURST TX 77362

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

Name of Employer Occupation
INTERNATIONAL TRADE & TRANSPORTATIC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11Al.106252

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
EDMUND O SCHWEITZER III

Mailing Address 330 NW BRANDON DR.

City State Zip Code
PULLMAN WA 99163

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

Name of Employer Occupation
SCHWEITZER ENGINEERING LABRATORIES EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Al.106360

Amount of Each Receipt this Period
2000.00

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

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

4500.00

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 111 OF 303 |
| | <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)
AMY B SELTZER

Mailing Address 306 WARD AVE E

City State Zip Code
ALTOONA PA 16602

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

Name of Employer Occupation
SELTZER FINANCIAL STRATEGIES FINANCIAL PLANNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11Al.105810

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
BALTAZAR R SERNA JR.

Mailing Address 126 VILLITA

City State Zip Code
SAN ANTONIO TX 78205

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106502

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PATRICIA SEROTKIN

Mailing Address 1072 CENTER ST N

City State Zip Code
EBENSBURG PA 15931

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

Name of Employer Occupation
ST FRANCIS UNIVERSITY VP - STRATEGIC INITIATIVES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11Al.105806

Amount of Each Receipt this Period
250.00

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

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

950.00

**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 112 OF 303 |
| | <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)
KAMAL SHAHID

Mailing Address 494 BROAD ST.
4TH FLOOR

City NEWARD State NJ Zip Code 07102

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

Name of Employer KS ENGINEERS, PC Occupation CIVIL ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.106293

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
RANDY F SHAW

Mailing Address 2256 ROCKHILL CHURCH RD

City EVERETT State PA Zip Code 15537

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

Name of Employer ECM INSURANCE GROUP Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.105811

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
EDWARD L SHERFEY JR.

Mailing Address 506 MCPHERSON DR.

City LAREDO State TX Zip Code 78041

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

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106503

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 113 OF 303 |
| | <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)
RAJAN SHETH

Mailing Address 5 ST. LAWRENCE CIR.

City MADISON State WI Zip Code 53717

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

Name of Employer MEAD & HUNT, INC. Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.105685

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
STANLEY W SILVERMAN

Mailing Address 1472 MUNDOCK RD.

City DRESHER State PA Zip Code 19025

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

Name of Employer SELF EMPLOYED Occupation CORPORATE DIRECTOR/TRUSTEE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105862

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3513 FORT ROBERDEAU AVE

City ALTOONA State PA Zip Code 16602

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

Name of Employer RELIANCE BANK Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11AI.105632

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**

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|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 114 OF 303 |
| | <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)
KAREN H SMITH

Mailing Address 3513 FORT ROBERDEAU AVE

City State Zip Code
ALTOONA PA 16602

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

Name of Employer Occupation
RELIANCE BANK BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11AI.105823

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
KAREN J SMITH

Mailing Address 153 SMITH TRANSPORT RD.

City State Zip Code
ROARING SPRING PA 16673

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

Name of Employer Occupation
SMITH TRANSPORT WAREHOUSE ADMINISTRATIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.105801

Amount of Each Receipt this Period
250.00

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

Mailing Address 366 TYNEBRIDGE LN.

City State Zip Code
HOUSTON TX 77024

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

Name of Employer Occupation
BUCKEYE PARTNERS PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.106081

Amount of Each Receipt this Period
1000.00

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

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

1450.00

**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 115 OF 303 |
| | <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)
PHILLIP R SMITH

Mailing Address 50 MORNING CLOUD PL.

City THE WOODLANDS State TX Zip Code 77381

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

Name of Employer PLAINS ALL AMERICAN Occupation VICE PRESIDENT - OPERATIONS

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
 03 / 29 / 2014

Transaction ID : SA11AI.106504

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
GARY L SOJKA

Mailing Address 1124 GREENWAY RD.

City ALEXANDRIA State VA Zip Code 22308

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11AI.105795

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MANUEL N. STAMATAKIS

Mailing Address 1111 W. DEKALB PIKE

City WAYNE State PA Zip Code 19087

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

Name of Employer CAPITAL MANAGEMENT ENTERPRISES Occupation CHAIRMAN AND CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11AI.105760

Amount of Each Receipt this Period
2600.00

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

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

4100.00

**SCHEDULE A (FEC Form 3)
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|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 116 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 722 STARR AVE

City State Zip Code
CHAMBERSBURG PA 17201

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

Name of Employer Occupation
MICHAEL A. STARR INSURANCE INC INSURANCE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11Al.106047

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
HARRY K STEWART

Mailing Address 3483 BLACK HAWK RD.

City State Zip Code
LAFAYETTE CA 94549

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

Name of Employer Occupation
THE DUTRA GROUP PRESIDENT & COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106505

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
STRADLEY RONON STEVENS & YOUNG LLP

Mailing Address 2005 MARKET STREET
SUITE 2600

City State Zip Code
PHILADELPHIA PA 19103

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

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
 02 / 17 / 2014

Transaction ID : SA11Al.105833

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

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|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 117 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 2005 MARKET STREET
SUITE 2600

City State Zip Code
PHILADELPHIA PA 19103

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

Name of Employer Occupation
STRADLEY RONON STEVENS & YOUNG LLP CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105834

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]
PARTNERSHIP STRADLEY RONON STEVENS & YOUNG LLP

B. Full Name (Last, First, Middle Initial)
JOHN P STUPP JR.

Mailing Address 3800 WEBER RD.

City State Zip Code
ST. LOUIS MO 63125

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

Name of Employer Occupation
STUPP CORP. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11AI.106029

Amount of Each Receipt this Period
500.00

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

Mailing Address P.O. BOX 131486

City State Zip Code
HOUSTON TX 77219

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

Name of Employer Occupation
CALLAN MARINE PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.106317

Amount of Each Receipt this Period
1000.00

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

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

1500.00

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 118 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) RAYMOND C SULLIVAN | | Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014 | |
| Mailing Address 4029 TEXAS WILDLIFE TRAIL | | Transaction ID : SA11AI.106506 | |
| City AUSTIN | State TX | Zip Code 78735 | Amount of Each Receipt this Period _____ 500.00 |
| FEC ID number of contributing federal political committee. | | C _____ | |
| Name of Employer SULLIVAN PUBLIC AFFAIRS | Occupation OWNER | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 500.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) ANDREW R SWANK | | Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2014 | |
| Mailing Address 120 S. 15TH STREET UNIT 201 | | Transaction ID : SA11AI.105626 | |
| City PITTSBURGH | State PA | Zip Code 15203 | Amount of Each Receipt this Period _____ 500.00 |
| FEC ID number of contributing federal political committee. | | C _____ | |
| Name of Employer SWANK CONSTRUCTION CO LLC | Occupation PRESIDENT | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 1000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) ERIN K SWEENEY | | Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014 | |
| Mailing Address 3644 ISLAND RD. | | Transaction ID : SA11AI.105684 | |
| City WANTAGH | State NY | Zip Code 11793 | Amount of Each Receipt this Period _____ 500.00 |
| FEC ID number of contributing federal political committee. | | C _____ | |
| Name of Employer KING SWEENEY STRATEGICS | Occupation PRESIDENT | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 500.00 | | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 1500.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

**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 119 OF 303 |
| | <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)
GERARD H SWEENEY

Mailing Address **2 CRAIG LN.**

City **HAVERFORD** State **PA** Zip Code **19041**

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

Name of Employer **BRANDYWINE REALTY TRUST** Occupation **PRESIDENT/CEO/TRUSTEE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 17 / 2014

Transaction ID : SA11Al.105842

Amount of Each Receipt this Period
1000.00

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

Mailing Address **121 WEST MAPLE STREET**

City **ALEXANDRIA** State **VA** Zip Code **22301**

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

Name of Employer **WILLIAMS & JENSEN PLLC** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11Al.106196

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DEBRA L TEKAVEC

Mailing Address **3607 S 16TH ST.**

City **ARLINGTON** State **VA** Zip Code **22204**

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

Name of Employer **CORNEGIE MELLON** Occupation **DIRECTOR OF FEDERAL 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
02 / 11 / 2014

Transaction ID : SA11Al.105796

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 120 OF 303 |
| | <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)
GREGS THOMOPULOS

Mailing Address 75 SHAGBARK COURT

City State Zip Code
IOWA CITY IA 52246

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

Name of Employer Occupation
STANLEY CONSULTANTS CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105894

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BRIAN P TIERNEY

Mailing Address 1020 ROCK CREEK RD.

City State Zip Code
BRYN MAWR PA 19010

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

Name of Employer Occupation
BRIAN COMMUNICATIONS GROUP CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105841

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
BRUCE E TOLL

Mailing Address 1000 MEETINGHOUSE RD

City State Zip Code
JENKINTOWN PA 19046

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

Name of Employer Occupation
TOLL BROTHERS INC BUILDER/DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105924

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 121 OF 303 |
| | <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)
TERRENCE E TOMASSETTI

Mailing Address 1909 GRANT AVE.

City State Zip Code
ALTOONA PA 16602

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

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
 02 / 17 / 2014

Transaction ID : SA11Al.105826

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER TOWNSEND

Mailing Address 26022 HORSESHOE CIR.

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Occupation
TOWNSEND PUBLIC AFFAIRS PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11Al.106197

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
NANCY L. TRESSLER

Mailing Address PO BOX 99

City State Zip Code
CONFLUENCE PA 15424

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11Al.106287

Amount of Each Receipt this Period
500.00

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

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

3600.00

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 122 OF 303 |
| | <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)
ROBERTO L TREVINO

Mailing Address 1422 WINGFOOT LOOP

City State Zip Code
LAREDO TX 78045

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

Name of Employer Occupation
SOUTHERN SANITATION PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106507

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
JAMES R TUCKER JR.

Mailing Address 2237 46TH ST. NW

City State Zip Code
WASHINGTON DC 20007

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

Name of Employer Occupation
AKIN GROUP PARTNER

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
 03 / 11 / 2014

Transaction ID : SA11Al.106082

Amount of Each Receipt this Period
500.00

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

Mailing Address 1605 OAK HOLLOW

City State Zip Code
WACO TX 76712

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

Name of Employer Occupation
CAPSTONE MECHANICAL PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Al.106508

Amount of Each Receipt this Period
500.00

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

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

3500.00

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 123 OF 303 |
| | <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)
FRED A UNDERWOOD

Mailing Address **PO BOX 16606**

City **LUBBOCK** State **TX** Zip Code **79490**

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

Name of Employer **TRINITY COMPANY** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11Al.106198

Amount of Each Receipt this Period
2600.00

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

Mailing Address **25723 MEADOWHOUSE COURT**

City **SOUTH RIDING** State **VA** Zip Code **20152**

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

Name of Employer **BGR GROUP** Occupation **PRINCIPAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Al.106520

Amount of Each Receipt this Period
500.00

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

Mailing Address **PO BOX 415**
179 WALKER ROAD

City **BIGLER** State **PA** Zip Code **16825**

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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11Al.105667

Amount of Each Receipt this Period
100.00

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

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

3200.00

**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 124 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) MARK M WALKER | | Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2014 |
| Mailing Address 1214 30TH ST. NW | | Transaction ID : SA11Al.105797 |
| City WASHINGTON | State DC | Zip Code 20007 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer NEW MAGELLAN VENTURES | Occupation ENTREPRENEUR | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) JOHN L WALSH JR. | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014 |
| Mailing Address 110 WOODS LN. | | Transaction ID : SA11Al.106056 |
| City WAYNE | State PA | Zip Code 19087 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) WILLIAM T WARD | | Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2014 |
| Mailing Address 3521 SYLVAN HEIGHTS DR | | Transaction ID : SA11Al.105800 |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer WARD TRANSPORT & LOGISTICS | Occupation PRESIDENT | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 750.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 125 OF 303 |
| | <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)
BOBBI R WEAVERLING

Mailing Address 707 BARCLAY DR.

City Bedford State PA Zip Code 15522

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
 02 / 24 / 2014

Transaction ID : SA11AI.105933

Amount of Each Receipt this Period
 250.00

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

Mailing Address 132 LEES HILL RD.

City BASKING RIDGE State NJ Zip Code 07920

FEC ID number of contributing federal political committee. C

Name of Employer WEEKS MARINE Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106371

Amount of Each Receipt this Period
 2600.00

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

Mailing Address C/O WEEKS MARINE
4 COMMERCE DR.

City CRANFORD State NJ Zip Code 07016

FEC ID number of contributing federal political committee. C

Name of Employer WEEKS MARINE Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106372

Amount of Each Receipt this Period
 2600.00

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

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

5450.00

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 126 OF 303 |
| | <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)
ERSKINE WELLS

Mailing Address 8229 STACEY ROAD

City State Zip Code
ALEXANDRIA VA 22308

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

Name of Employer Occupation
BGR GROUP CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11AI.106064

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
GEORGE C WERNER III

Mailing Address 311 CLAGHORNE PL.

City State Zip Code
CAPE MAY NJ 08204

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

Name of Employer Occupation
PIPER JAFFRAY COMPANIES MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.105856

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOAN WHEELER

Mailing Address 198 PINNACLE CIRCLE

City State Zip Code
SOMERSET PA 15501

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106584

Amount of Each Receipt this Period
750.00

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

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

2250.00

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 127 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. JAMES M WHITE | | Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2014 | |
| Mailing Address 334 W MEADOW DR. | | Transaction ID : SA11Al.105831 | |
| City MECHANICSBURG | State PA | Zip Code 17055 | Amount of Each Receipt this Period _____ 1000.00 |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer STEVENS & LEE, INC. | Occupation ATTORNEY | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 1000.00 | | |

| | | | |
|---|---|--|---|
| Full Name (Last, First, Middle Initial) B. MR. DOUGLAS L WHITLEY | | Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2014 | |
| Mailing Address 1225 FAGAN ROAD | | Transaction ID : SA11Al.105828 | |
| City BATAVIA | State IL | Zip Code 60510 | Amount of Each Receipt this Period _____ 250.00 |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer ILLINOIS CHAMBER | Occupation ASSOC EXECUTIVE | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. JAMES C. WIGGANS | | Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2014 | |
| Mailing Address 49 COVE RD | | Transaction ID : SA11Al.105892 | |
| City MOORESTOWN | State NJ | Zip Code 08057 | Amount of Each Receipt this Period _____ 1000.00 |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer MCCORMICK TAYLOR, INC. | Occupation ENGINEER | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 1000.00 | | |

| | |
|---|------------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 2250.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 128 OF 303 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES E. WILKINSON

Mailing Address 121 TWINBROOK RD.

City VALENCIA State PA Zip Code 16059

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

Name of Employer JOSEPH B. FAY Occupation SENIOR VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11AI.105616

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
ROGER P WINN

Mailing Address 401 RICHARDS ST S

City BEDFORD State PA Zip Code 15522

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

Name of Employer UPMC-BEDFORD/HOME NURSING AGENCY Occupation HOSPITAL PRESIDENT/MARKETING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.105945

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
SAMUEL E WISER JR.

Mailing Address 322 E GARFIELD ST.

City SHIPPENSBURG State PA Zip Code 17257

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

Name of Employer SALZMAN HUGHES, PC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11AI.106046

Amount of Each Receipt this Period
 1500.00

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 129 OF 303 | | |
| | <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)
LUANNE H WOLF

Mailing Address 197 STONEHEDGE RD.

City HOLLIDAYSBURG State PA Zip Code 16648

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

Name of Employer SELF EMPLOYED Occupation RN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.105948

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERT C WONDERLING

Mailing Address PO BOX 397

City LEDERACH State PA Zip Code 19450

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

Name of Employer GREATER PHILADELPHIA CHAMBER OF COI Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11AI.106288

Amount of Each Receipt this Period
1000.00

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

Mailing Address 813 VICAR LANE

City ALEXANDRIA State VA Zip Code 22302

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

Name of Employer BGR GROUP LLC Occupation CONSULTANT

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
03 / 05 / 2014

Transaction ID : SA11AI.106063

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 130 OF 303 |
| | <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)
HAROLD C. WRIGHT JR.

Mailing Address 618 SHOEMAKER RD.

City KING OF PRUSSIA State PA Zip Code 19406

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106331

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
HELEN T. WRIGHT

Mailing Address 618 SHOEMAKER RD.

City KING OF PRUSSIA State PA Zip Code 19406

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
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.106332

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
SCOTT T WYLAND

Mailing Address 57 S TERRACE

City WORMLEYSBURG State PA Zip Code 17043

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

Name of Employer SALZMAN HUGHES, PC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11AI.106039

Amount of Each Receipt this Period
1500.00

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

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

2500.00

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 131 OF 303 |
| | <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)
PAUL YAROSSI

Mailing Address 71 WILD PASTURE RD.

City KENSINGTON State NH Zip Code 03833

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

Name of Employer HNTB Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.106510

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NEVZAT YILMAZ

Mailing Address 173 DAFRACK DR.

City LAKE HIAWATCH State NJ Zip Code 07034

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

Name of Employer ATLANTIC ACC., LLC Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.106275

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
RAYMOND C ZABORNEY

Mailing Address 98 CAROL PL

City NEW CUMBERLAND State PA Zip Code 17070

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

Name of Employer STATE STREET STRATEGIES Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.106320

Amount of Each Receipt this Period
 10.00

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

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

3610.00

365844.51

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

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|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 132 OF 303 |
| | <input type="checkbox"/> 11a 12 <input checked="" 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)
FRANKLIN COUNTY REAGAN COALITION

Mailing Address PO BOX 240

City State Zip Code
MARION PA 17235

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11B.106049

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

500.00

**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 133 OF 303 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 3502 REGENTS PARK COURT

City ARLINGTON State TX Zip Code 76017

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106020

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ABX AIR INC PAC

Mailing Address 145 HUNTER DRIVE

City WILMINGTON State OH Zip Code 45177

FEC ID number of contributing federal political committee. **C C00238311**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106388

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION PAC

Mailing Address 4301 WILSON BLVD

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.106369

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 134 OF 303 |
| | <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)
AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA PAC

Mailing Address 1615 L STREET NW SUITE 300

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11C.106202

Amount of Each Receipt this Period
4000.00

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

Mailing Address 1615 L STREET NW SUITE 300

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11C.106203

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
AK STEEL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 9227 CENTRE POINTE DRIVE

| | | |
|----------------------|-------------|-------------------|
| City WEST CHESTER | State OH | Zip Code 45069 |
|----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00290973

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11C.106205

Amount of Each Receipt this Period
500.00

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 135 OF 303 |
| | <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)
AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

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

FEC ID number of contributing federal political committee. **C** C00104901

| | |
|------------------|------------|
| 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
 03 / 19 / 2014

Transaction ID : SA11C.106204

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
ALTRIA GROUP INC.

Mailing Address 101 CONSTITUTION AVE NW

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00089136

| | |
|------------------|------------|
| 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
 03 / 31 / 2014

Transaction ID : SA11C.106587

Amount of Each Receipt this Period
2500.00

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

Mailing Address 601 MADISON ST SUITE 400

| | | |
|--------------------|-------------|-------------------|
| City ALEXANDRIA | State VA | Zip Code 22314 |
|--------------------|-------------|-------------------|

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11C.106206

Amount of Each Receipt this Period
1000.00

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

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

6000.00

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 136 OF 303 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 8445 FREEPORT PKWY
SUITE 305

City IRVING State TX Zip Code 75063

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106001

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1015 15TH ST NW SUITE 802

City WASHINGTON State DC Zip Code 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
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11C.105905

Amount of Each Receipt this Period
2500.00

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

Mailing Address 1111 19TH STREET , NW
SUITE 800

City WASHINGTON State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106382

Amount of Each Receipt this Period
2500.00

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

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

6000.00

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 137 OF 303 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address 400 N CAPITOL ST NW
STE 450

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00007450**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11C.106385

Amount of Each Receipt this Period
1000.00

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

Mailing Address 400 N CAPITOL ST NW
STE 450

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00007450**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11C.106386

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF STEEL CONSTRUCTION PAC

Mailing Address ONE EAST WACKER DRIVE SUITE 700

City CHICAGO State IL Zip Code 60601

FEC ID number of contributing federal political committee. **C C00542308**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11C.105999

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 138 OF 303 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN IRON AND STEEL INSTITUTE POLITICAL ACTION COMMITTEE (STEEL PAC)

Mailing Address 1140 CONNECTICUT AVENUE, NW
SUITE 705

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00295097

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106000

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.106346

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN PETROLEUM INSTITUTE PAC

Mailing Address 1220 L STREET, NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00483677

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
 03 / 29 / 2014

Transaction ID : SA11C.106387

Amount of Each Receipt this Period
1000.00

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

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

5500.00

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 139 OF 303 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

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

Mailing Address **1 MAYNARD DRIVE**

City State Zip Code
PARK RIDGE NJ 07656

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 03 2014
Transaction ID : SA11C.105720

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN TRAFFIC SAFETY SERVICES ASSOC. PAC

Mailing Address **15 RIVERSIDE PARKWAY
SUITE 100**

City State Zip Code
FREDERICKSBURG VA 22406

FEC ID number of contributing federal political committee. **C C00281717**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 31 2014
Transaction ID : SA11C.106348

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN WATERWAYS OPERATORS PAC

Mailing Address **801 QUINCY ST N
SUITE 200**

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C C00034678**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **7500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 24 2014
Transaction ID : SA11C.105915

Amount of Each Receipt this Period
2500.00

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 5000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 140 OF 303 |
| | <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)
AMO VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 W DIXIE HWY

City DANIA BEACH State FL Zip Code 33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11C.106207

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
APL LIMITED PAC

Mailing Address 16220 N. SCOTTSDALE RD.
SUITE 300

City SCOTTSDALE State AZ Zip Code 85254

FEC ID number of contributing federal political committee. **C** C00137828

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
 02 / 24 / 2014

Transaction ID : SA11C.105904

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ARCELORMITTAL USA LLC GOOD GOVERNMENT COMMITTEE

Mailing Address 1808 EYE STREET NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00104109

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
 03 / 05 / 2014

Transaction ID : SA11C.106002

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 141 OF 303 |
| | <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 EQUIPMENT DISTRIBUTORS

Full Name (Last, First, Middle Initial)
Mailing Address 121 HENRY ST N

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00010124

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11C.106253

Amount of Each Receipt this Period
 1000.00

B. BAE SYSTEMS USA PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1300 17TH ST N SUITE 1400

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106003

Amount of Each Receipt this Period
 1000.00

C. BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC PAC

Full Name (Last, First, Middle Initial)
Mailing Address 920 MASSACHUSETTS AVE NW STE. 900

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00431072

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11C.106208

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 142 OF 303 |
| | <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)
BALCH AND BINGHAM LLP FEDERAL POLITICAL COMMITTEE

Mailing Address 1710 SIXTH AVENUE NORTH

City State Zip Code
BIRMINGHAM AL 35203

FEC ID number of contributing federal political committee. **C C00358440**

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
03 / 29 / 2014

Transaction ID : SA11C.106389

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BECHTEL PAC

Mailing Address 50 BEAL STREET

City State Zip Code
SAN FRANCISCO CA 94119

FEC ID number of contributing federal political committee. **C C00103697**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 11 / 2014

Transaction ID : SA11C.105768

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BGR PAC

Mailing Address 601 13TH STREET NW 11TH FLOOR SOUT

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00359588**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2496.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11C.106237

Amount of Each Receipt this Period
2496.00
IN-KIND:EVENT CATERING

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4496.00

**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 143 OF 303 |
| | <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)
BNSF RAILPAC

Mailing Address 500 NEW JERSEY AVE NW
SUITE 550

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00235739**

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
 03 / 11 / 2014

Transaction ID : SA11C.106083

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
BP CORPORATION NORTH AMERICA INC. PAC

Mailing Address 501 WESTLAKE PARK BLVD

City HOUSTON State TX Zip Code 77079

FEC ID number of contributing federal political committee. **C C00060103**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11C.105921

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BP CORPORATION NORTH AMERICA INC. PAC

Mailing Address 501 WESTLAKE PARK BLVD

City HOUSTON State TX Zip Code 77079

FEC ID number of contributing federal political committee. **C C00060103**

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
 03 / 29 / 2014

Transaction ID : SA11C.106390

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 144 OF 303 |
| | <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)
BURNS AND MCDONNELL INC. PAC

Mailing Address 9400 WARD PARKWAY

City State Zip Code
KANSAS CITY MO 64114

FEC ID number of contributing federal political committee. **C** C00442913

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
 03 / 29 / 2014

Transaction ID : SA11C.106391

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
CARPENTERS' LEGISLATIVE IMPROVEMENT COMMITTEE PAC

Mailing Address 101 CONSTITUTION AVE NW

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

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
 03 / 31 / 2014

Transaction ID : SA11C.106589

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
CDM SMITH INC. NATIONAL PAC

Mailing Address 3021 JERMANTOWN ROAD
SUITE 400

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C** C00398222

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
 03 / 29 / 2014

Transaction ID : SA11C.106392

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 145 OF 303 |
| | <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)
CH2M HILL COMPANIES LTD PAC

Mailing Address 9191 S JAMAICA STREET

City State Zip Code
ENGLEWOOD CO 80112

FEC ID number of contributing federal political committee. **C** C00143305

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
03 / 24 / 2014

Transaction ID : SA11C.106254

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
CHENIERE ENERGY, INC. PAC

Mailing Address 1445 PENNSYLVANIA AVENUE, NW
SUITE 550

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00430157

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
03 / 31 / 2014

Transaction ID : SA11C.106344

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
CHEROKEE NATION

Mailing Address PO BOX 948

City State Zip Code
TAHLEQUAH OK 74465

FEC ID number of contributing federal political committee. **C** C90008046

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
02 / 26 / 2014

Transaction ID : SA11C.105963

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 146 OF 303 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHESAPEAKE ENERGY CORPORATION FEDERAL

Mailing Address PO BOX 18576

City State Zip Code
OKLAHOMA CITY OK 73112

FEC ID number of contributing federal political committee. **C C00389288**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11C.106255

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
CHEVRON EMPLOYEES PAC

Mailing Address PO BOX 6016

City State Zip Code
SAN RAMON CA 94583

FEC ID number of contributing federal political committee. **C C00035006**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11C.105916

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CLEAR CHANNEL COMMUNICATIONS INC. PAC

Mailing Address 200 E. BASSE ROAD

City State Zip Code
SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee. **C C00279216**

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
 03 / 05 / 2014

Transaction ID : SA11C.106004

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 147 OF 303 |
| | <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)
CLIFFS NATURAL RESOURCES INC. PAC

Mailing Address 1100 SUPERIOR AVENUE
ROOM 1500

City CLEVELAND, State OH Zip Code 44114

FEC ID number of contributing federal political committee. **C** C00039016

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106005

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.106345

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
COALPAC

Mailing Address 101 CONSTITUTION AVE NW
SUITE 500 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106006

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 148 OF 303 |
| | <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)
COMCAST CORPORATION PAC

Mailing Address **ONE COMCAST CENTER**
1701 JFK BOULEVARD

City **PHILADELPHIA** State **PA** Zip Code **19103**

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11C.106058

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
COMMITTEE ON PIPE AND TUBE IMPORTS FEDERAL PAC

Mailing Address **900 SEVENTH STREET NW SUITE 500**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00436485**

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
03 / 05 / 2014

Transaction ID : SA11C.106007

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CROWLEY MARITIME CORPORATION FEDERAL PAC

Mailing Address **9487 REGENCY SQUARE BLVD.**

City **JACKSONVILLE** State **FL** Zip Code **32225**

FEC ID number of contributing federal political committee. **C C00147231**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11C.105721

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 149 OF 303 |
| | <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)
CSX CORP GOOD GOVT FUND

Mailing Address 1331 PENNSYLVANIA AVE NW
SUITE 560 NATIONAL PLACE

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11C.105906

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
CUMMINS INC. POLITICAL ACTION COMMITTEE (CIPAC)

Mailing Address 601 PENNSYLVANIA AVENUE, NW
NORTH BUILDING, SUITE 625

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00377952**

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
 03 / 11 / 2014

Transaction ID : SA11C.106084

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DAY & ZIMMERMAN INC FEDERAL

Mailing Address 1655 FORT MYER DR N
SUITE 520

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00341271**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11C.105871

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 150 OF 303 |
| | <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)
DELOITTE PAC

Mailing Address **PO BOX 365**

City **WASHINGTON** State **DC** Zip Code **20044**

FEC ID number of contributing federal political committee. **C C00211318**

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
03 / 24 / 2014

Transaction ID : SA11C.106256

Amount of Each Receipt this Period
4000.00

B. Full Name (Last, First, Middle Initial)
DEVON ENERGY CORPORATION PAC (DEC PAC)

Mailing Address **20 N. BROADWAY SUITE 1500**

City **OKLAHOMA CITY** State **OK** Zip Code **73102**

FEC ID number of contributing federal political committee. **C C00354753**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11C.105676

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
DLA PIPER PAC

Mailing Address **500 EIGHTH STREET NW**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00151340**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.106370

Amount of Each Receipt this Period
1500.00

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: PAGE 151 OF 303
(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)
DOMINION PAC

Mailing Address 400 NORTH CAPITOL STREET NW
SUITE 875

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00108209**

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
 03 / 05 / 2014

Transaction ID : SA11C.106008

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
DOMINION PAC

Mailing Address 400 NORTH CAPITOL STREET NW
SUITE 875

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00108209**

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
 03 / 05 / 2014

Transaction ID : SA11C.106009

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
DTE ENERGY

Mailing Address 2000 2ND AVE

City State Zip Code
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C C00081547**

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
 03 / 24 / 2014

Transaction ID : SA11C.106257

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 152 OF 303 |
| | <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)
DUKE ENERGY CORPORATION

Mailing Address 422 CHURCH ST PB05D S

City State Zip Code
CHARLOTTE NC 28202

FEC ID number of contributing federal political committee. **C C00083535**

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
 03 / 29 / 2014

Transaction ID : SA11C.106393

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
DYKEMA GOSSETT FEDERAL PAC

Mailing Address 201 TOWNSEND STREET SUITE 900

City State Zip Code
LANSING MI 48933

FEC ID number of contributing federal political committee. **C C00342113**

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
 03 / 19 / 2014

Transaction ID : SA11C.106209

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
EADS NORTH AMERICA AMERICANS FOR COMPETITION IN AEROSPACE (ACAPAC)

Mailing Address 2550 WASSER TERR STE 9000

City State Zip Code
HERNDON VA 20171

FEC ID number of contributing federal political committee. **C C00421230**

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
 02 / 11 / 2014

Transaction ID : SA11C.105766

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 153 OF 303 |
| | <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)
EAPA

Mailing Address 100 STERLING PL.

City State Zip Code
MECHANICSBURG PA 17050

FEC ID number of contributing federal political committee. **C** C00333542

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
 03 / 07 / 2014

Transaction ID : SA11C.106051

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
ELECTRICAL CONTRACTORS POLITICAL ACTION COMMITTEE

Mailing Address 3 BETHESDA METRO CENTER
SUITE 1100

City State Zip Code
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C** C00113811

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
 03 / 05 / 2014

Transaction ID : SA11C.106010

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN CORP

Mailing Address 520 GRAND AVE S
SUITE 700

City State Zip Code
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11C.106210

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 303
(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)
ENTERPRISE HOLDINGS INC. PAC

Mailing Address 600 CORPORATE PARK DR

City SAINT LOUIS State MO Zip Code 63105

FEC ID number of contributing federal political committee. **C** C00219642

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
 03 / 19 / 2014

Transaction ID : SA11C.106211

Amount of Each Receipt this Period
 2500.00

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
ENTERPRISE PRODUCTS PARTNERS L.P. POLITICAL ACTION COMMITTEE

Mailing Address 1100 LOUISIANA STREET

City HOUSTON State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00496752

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.106353

Amount of Each Receipt this Period
 2500.00

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
EXELON CORPORATION PAC

Mailing Address 101 CONSTITUTION AVENUE, NW
SUITE 400 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106011

Amount of Each Receipt this Period
 2000.00

Amount of Each Receipt this Period
 7000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 155 OF 303 |
| | <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)
EXELON CORPORATION PAC

Mailing Address 101 CONSTITUTION AVENUE, NW
SUITE 400 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00141218**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.106354

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION PAC

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106394

Amount of Each Receipt this Period
4000.00

C. Full Name (Last, First, Middle Initial)
FAEGREBD PAC

Mailing Address 300 N. MERIDIAN STREET
SUITE 2700

City INDIANAPOLIS State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C C00386904**

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
 03 / 05 / 2014

Transaction ID : SA11C.106012

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 156 OF 303 |
| | <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. FAIRWAY OUTDOOR ADVERTISING LLC PAC AKA FAIRWAY PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 743
 City State Zip Code
 DUNCAN SC 29334
 FEC ID number of contributing federal political committee. **C C00480418**
 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
 03 / 11 / 2014
Transaction ID : SA11C.106085
 Amount of Each Receipt this Period
 500.00

B. FEDERAL EXPRESS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 942 SHADY GROVE RD S
 City State Zip Code
 MEMPHIS TN 38120
 FEC ID number of contributing federal political committee. **C C00068692**
 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
 02 / 03 / 2014
Transaction ID : SA11C.105722
 Amount of Each Receipt this Period
 1000.00

C. FIRSTENERGY PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 MAIN ST S
 City State Zip Code
 AKRON OH 44308
 FEC ID number of contributing federal political committee. **C C00140855**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014
Transaction ID : SA11C.106395
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 157 OF 303 |
| | <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)
FLUOR CORPORATION PAC

Mailing Address 403 EAST CAPITOL ST SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00034132**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.106590

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
GANNETT FLEMING INC. PAC

Mailing Address PO BOX 67100

City HARRISBURG State PA Zip Code 17106

FEC ID number of contributing federal political committee. **C C00141382**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11C.105677

Amount of Each Receipt this Period
1000.00

C. 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
6000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11C.105907

Amount of Each Receipt this Period
1500.00

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 158 OF 303 |
| | <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 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
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11C.105908

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY PAC

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 1100

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11C.105922

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
GLAXOSMITHKLINE

Mailing Address FIVE MOORE DR

City Durham State NC Zip Code 27709

FEC ID number of contributing federal political committee. **C** C00199703

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
 03 / 05 / 2014

Transaction ID : SA11C.106013

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 159 OF 303 |
| | <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)
GRAND TRUNK RAIL-ILLINOIS CENTRAL RAIL PAC

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SUITE 500, NORTH BUILDING

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00095117

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11C.106178

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GREAT LAKES DREDGE & DOCK COMPANY

Mailing Address 2122 YORK ROAD

City OAK BROOK State IL Zip Code 60523

FEC ID number of contributing federal political committee. **C** C00264937

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11C.105774

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
GREAT LAKES DREDGE & DOCK COMPANY

Mailing Address 2122 YORK ROAD

City OAK BROOK State IL Zip Code 60523

FEC ID number of contributing federal political committee. **C** C00264937

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.106375

Amount of Each Receipt this Period
1600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 160 OF 303 |
| | <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)
GREAT LAKES DREDGE & DOCK COMPANY

Mailing Address 2122 YORK ROAD

City OAK BROOK State IL Zip Code 60523

FEC ID number of contributing federal political committee. **C** C00264937

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.106376

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
GREATER TOMORROW POLITICAL ACTION COMMITTEE

Mailing Address 600 PENNSYLVANIA AVENUE SE STE 330

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00526715

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11C.105787

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
HALLIBURTON PAC

Mailing Address 10200 BELLAIRE BLVD

City HOUSTON State TX Zip Code 77072

FEC ID number of contributing federal political committee. **C** C00035691

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
 03 / 05 / 2014

Transaction ID : SA11C.106014

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7700.00

**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 161 OF 303 |
| | <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)
HANSON PROFESSIONAL SERVICES INC PAC

Mailing Address 1525 SOUTH SIXTH STREET

City Springfield State IL Zip Code 62701

FEC ID number of contributing federal political committee. **C** C00406124

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
 02 / 24 / 2014

Transaction ID : SA11C.105914

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
HARDWOOD FEDERATION PAC

Mailing Address 1111 19TH ST NW
SUITE 800

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00396671

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
 02 / 11 / 2014

Transaction ID : SA11C.105783

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
HNTB HOLDINGS LTD PAC

Mailing Address 715 KIRK DR

City Kansas City State MO Zip Code 64105

FEC ID number of contributing federal political committee. **C** C00386029

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106396

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 162 OF 303 |
| | <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)
HORIZON LINES LLC ASSOCIATES GOOD GOV'T FUND (HORIZON LINES ASSOCIATES GOOD GOV'T FUND)

A. Mailing Address 2001 K STREET, NW, SUITE 400
ATTN: W. FARAH
City State Zip Code
WASHINGTON DC 20006

Date of Receipt
M M / D D / Y Y Y Y
02 / 11 / 2014

Transaction ID : SA11C.105778

FEC ID number of contributing federal political committee. **C** C00385179

Amount of Each Receipt this Period
1000.00

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date
3500.00

Full Name (Last, First, Middle Initial)
HUNTINGTON INGALLS INDUSTRIES POLITICAL ACTION COMMITTEE (SHIPPAC)

B. Mailing Address 300 M STREET S.E.
SUITE 350
City State Zip Code
WASHINGTON DC 20003

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11C.106397

FEC ID number of contributing federal political committee. **C** C00325092

Amount of Each Receipt this Period
1000.00

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date
2000.00

Full Name (Last, First, Middle Initial)
INDEPENDENCE BLUE CROSS PAC (IBC PAC)

C. Mailing Address 1901 MARKET STREET
City State Zip Code
PHILADELPHIA PA 19103

Date of Receipt
M M / D D / Y Y Y Y
02 / 17 / 2014

Transaction ID : SA11C.105872

FEC ID number of contributing federal political committee. **C** C00450056

Amount of Each Receipt this Period
2000.00

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date
4000.00

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 163 OF 303 |
| | <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)
INDEPENDENCE BLUE CROSS PAC (IBC PAC)

Mailing Address 1901 MARKET STREET

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C** C00450056

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
 02 / 17 / 2014

Transaction ID : SA11C.105873

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL DAIRY FOODS ASSOCIATION (IDFA) - ICE CREAM, MILK & CHEESE PAC

Mailing Address 1250 H STREET, NW
SUITE 900

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00128231

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
 02 / 11 / 2014

Transaction ID : SA11C.105784

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)

Mailing Address 1101 PENNSYLVANIA AVENUE NW
SUITE 200

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00034405

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
 02 / 11 / 2014

Transaction ID : SA11C.105785

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 164 OF 303 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES PAC

Mailing Address 7234 PARKWAY DRIVE

City HANOVER State MD Zip Code 21076

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106399

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
INTERSTATE NATURAL GAS ASSOC. PAC

Mailing Address 10 G ST NE SUITE 700

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00116145

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
 03 / 29 / 2014

Transaction ID : SA11C.106398

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
JACOBS GOOD GOVERNMENT FUND

Mailing Address 1111 SO ARROYO PKWY

City PASADENA State CA Zip Code 91105

FEC ID number of contributing federal political committee. **C** C00142299

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106400

Amount of Each Receipt this Period
3500.00

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 165 OF 303 |
| | <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)
JE DUNN CONSTRUCTION GROUP INC PAC

Mailing Address 1010 HOLMES

City KANSAS CITY State MO Zip Code 64106

FEC ID number of contributing federal political committee. **C C00453688**

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
 03 / 29 / 2014

Transaction ID : SA11C.106401

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
JIM GERLACH FOR CONGRESS

Mailing Address PO BOX 87

City UWCHLAND State PA Zip Code 19480

FEC ID number of contributing federal political committee. **C C00372102**

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
 03 / 29 / 2014

Transaction ID : SA11C.106421

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
JONES WALKER L.L.P.

Mailing Address 201 ST. CHARLES AVENUE
49TH FLOOR

City NEW ORLEANS State LA Zip Code 70170

FEC ID number of contributing federal political committee. **C C00111534**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11C.105776

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 166 OF 303 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
K&L GATES LLP PAC

Mailing Address 1601 K STREET NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00213173**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11C.105769

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
K&L GATES LLP PAC

Mailing Address 1601 K STREET NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00213173**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11C.105770

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KELLEY DRYE & WARREN POLITICAL ACTION COMMITTEE

Mailing Address 3050 K STREET NW SUITE 400

City State Zip Code
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C C00301929**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106015

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 167 OF 303 |
| | <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)
KEYSTONE ALLIANCE

Mailing Address 426 MAIN ST SECOND FLOOR

City HARLEYSVILLE State PA Zip Code 19438

FEC ID number of contributing federal political committee. **C** C00432096

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
 02 / 17 / 2014

Transaction ID : SA11C.105875

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
KEYSTONE ALLIANCE

Mailing Address 426 MAIN ST SECOND FLOOR

City HARLEYSVILLE State PA Zip Code 19438

FEC ID number of contributing federal political committee. **C** C00432096

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
 03 / 31 / 2014

Transaction ID : SA11C.106323

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
KLEINFELDER GROUP POLITICAL ACTION COMMITTEE

Mailing Address 5015 SHOREHAM PLACE

City SAN DIEGO State CA Zip Code 92122

FEC ID number of contributing federal political committee. **C** C00463943

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
 02 / 24 / 2014

Transaction ID : SA11C.105912

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 168 OF 303 |
| | <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)
KLEINFELDER GROUP POLITICAL ACTION COMMITTEE

Mailing Address 5015 SHOREHAM PLACE

City State Zip Code
SAN DIEGO CA 92122

FEC ID number of contributing federal political committee. **C** C00463943

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.106362

Amount of Each Receipt this Period
900.00

B. Full Name (Last, First, Middle Initial)
KLEINFELDER GROUP POLITICAL ACTION COMMITTEE

Mailing Address 5015 SHOREHAM PLACE

City State Zip Code
SAN DIEGO CA 92122

FEC ID number of contributing federal political committee. **C** C00463943

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.106363

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Mailing Address 905 16TH ST., N.W.
SECOND FLOOR

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00007922

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
 02 / 11 / 2014

Transaction ID : SA11C.105788

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 169 OF 303 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LAMARPAC

Mailing Address **PO BOX 66338**

City **BATON ROUGE** State **LA** Zip Code **70896**

FEC ID number of contributing federal political committee. **C C00174599**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11C.106086

Amount of Each Receipt this Period

2000.00

B. Full Name (Last, First, Middle Initial)
LATOURETTE FOR CONGRESS

Mailing Address **320 KENARDEN DR**

City **CLEVELAND** State **OH** Zip Code **44143**

FEC ID number of contributing federal political committee. **C C00284174**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11C.106214

Amount of Each Receipt this Period

2000.00

C. Full Name (Last, First, Middle Initial)
LATOURETTE FOR CONGRESS

Mailing Address **320 KENARDEN DR**

City **CLEVELAND** State **OH** Zip Code **44143**

FEC ID number of contributing federal political committee. **C C00284174**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11C.106215

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 170 OF 303 |
| | <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)
LEO A DALY COMPANY PAC

Mailing Address 8600 INDIAN HILLS DRIVE

City OMAHA State NE Zip Code 68114

FEC ID number of contributing federal political committee. **C** C00402727

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
 02 / 24 / 2014

Transaction ID : SA11C.105911

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
LEO A DALY COMPANY PAC

Mailing Address 8600 INDIAN HILLS DRIVE

City OMAHA State NE Zip Code 68114

FEC ID number of contributing federal political committee. **C** C00402727

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
 03 / 29 / 2014

Transaction ID : SA11C.106402

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
LIBERTY MARITIME CORPORATION PAC

Mailing Address 1979 MARCUS AVENUE
SUITE 200

City LAKE SUCCESS State NY Zip Code 11042

FEC ID number of contributing federal political committee. **C** C00485466

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
 02 / 24 / 2014

Transaction ID : SA11C.105909

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 171 OF 303 |
| | <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)
LIBERTY MUTUAL INSURANCE COMPANY - PAC

Mailing Address 175 BERKELEY STREET

City State Zip Code
BOSTON MA 02117

FEC ID number of contributing federal political committee. **C C00171843**

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
 03 / 29 / 2014

Transaction ID : SA11C.106403

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
LOCKE LORD BISSELL & LIDDELL LLP

Mailing Address 600 TRAVIS SUITE 3400

City State Zip Code
HOUSTON TX 77002

FEC ID number of contributing federal political committee. **C C00117861**

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
 03 / 29 / 2014

Transaction ID : SA11C.106404

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
LOCKE LORD BISSELL & LIDDELL LLP

Mailing Address 600 TRAVIS SUITE 3400

City State Zip Code
HOUSTON TX 77002

FEC ID number of contributing federal political committee. **C C00117861**

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
 03 / 31 / 2014

Transaction ID : SA11C.106585

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 172 OF 303 |
| | <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)
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
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11C.105964

Amount of Each Receipt this Period
1000.00

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
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11C.106298

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LTK CONSULTING SERVICES INC - PAC

Mailing Address 100 WEST BUTLER AVE

City AMBLER State PA Zip Code 19002

FEC ID number of contributing federal political committee. **C** C00236968

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
 03 / 27 / 2014

Transaction ID : SA11C.106290

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 173 OF 303 |
| | <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)
MAERSK INC GOOD GOVT FUND PAC

Mailing Address 1530 WILSON BLVD STE. 650

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00217471

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11C.105779

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MAERSK INC GOOD GOVT FUND PAC

Mailing Address 1530 WILSON BLVD STE. 650

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00217471

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11C.105780

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
MAGELLAN MIDSTREAM HOLDINGS GP, LLC POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 22186

City TULSA State OK Zip Code 74121

FEC ID number of contributing federal political committee. **C** C00397711

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106405

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 174 OF 303 |
| | <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. MAJORITY COMMITTEE PAC--MC PAC

Full Name (Last, First, Middle Initial)
MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City State Zip Code
BAKERSFIELD CA 93389

FEC ID number of contributing federal political committee. **C** C00428052

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
 03 / 29 / 2014

Transaction ID : SA11C.106422

Amount of Each Receipt this Period
5000.00

B. MAKING AMERICA PROSPEROUS PAC

Full Name (Last, First, Middle Initial)
MAKING AMERICA PROSPEROUS PAC

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00445379

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106406

Amount of Each Receipt this Period
2500.00

C. MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)

Full Name (Last, First, Middle Initial)
MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)

Mailing Address 539 S MAIN ST.

City State Zip Code
FINDLAY OH 45840

FEC ID number of contributing federal political committee. **C** C00496307

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
 03 / 11 / 2014

Transaction ID : SA11C.106088

Amount of Each Receipt this Period
2500.00

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: PAGE 175 OF 303
(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)
MARINE ENGINEERS' BENEFICIAL ASSOCIATION (MEBA PAF)

Mailing Address 444 NORTH CAPITOL ST NW
STE 800

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00279380

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.106591

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
MARINE ENGINEERS' BENEFICIAL ASSOCIATION (MEBA PAF)

Mailing Address 444 NORTH CAPITOL ST NW
STE 800

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00279380

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.106592

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MASTERS, MATES AND PILOTS POLITICAL CONTRIBUTION FUND

Mailing Address 700 MARITIME BLVD

City LINTHICUM HEIGHTS State MD Zip Code 21090

FEC ID number of contributing federal political committee. **C** C00073056

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
 02 / 11 / 2014

Transaction ID : SA11C.105777

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 176 OF 303 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MATSON, INC. FEDERAL ELECTION COMMITTEE

Mailing Address 333 MARKET ST.

City State Zip Code
SAN FRANCISCO CA 94105

FEC ID number of contributing federal political committee. **C C00024752**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11C.105773

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MILLERCOORS LLC PAC

Mailing Address 1501 M STREET NW
SUITE 330

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00457697**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106407

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
MILLERCOORS LLC PAC

Mailing Address 1501 M STREET NW
SUITE 330

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00457697**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106408

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 177 OF 303 |
| | <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)
NACD RESPONSIBLE DISTRIBUTION PAC

Mailing Address 1555 WILSON BLVD
SUITE 700

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00379180

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
 02 / 24 / 2014

Transaction ID : SA11C.105918

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL FUEL GAS FEDERAL PAC

Mailing Address 6363 MAIN STREET

City WILLIAMSVILLE State NY Zip Code 14221

FEC ID number of contributing federal political committee. **C** C00083758

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
 03 / 24 / 2014

Transaction ID : SA11C.106258

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL OCEAN INDUSTRIES ASSOCIATION

Mailing Address 1120 G ST NW SUITE 900

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00409565

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
 03 / 05 / 2014

Transaction ID : SA11C.106016

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 178 OF 303 |
| | <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)
NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **ONE NATIONWIDE PLAZA**
1-32-301

City **COLUMBUS** State **OH** Zip Code **43215**

FEC ID number of contributing federal political committee. **C C00076174**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11C.106289

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
NELSON MULLINS RILEY AND SCARBOROUGH, LLP FEDERAL PAC

Mailing Address **PO BOX 11070**

City **COLUMBIA** State **SC** Zip Code **29211**

FEC ID number of contributing federal political committee. **C C00278895**

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
02 / 24 / 2014

Transaction ID : SA11C.105917

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
NEW PIONEERS PAC

Mailing Address **228 S WASHINGTON ST STE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00459123**

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
03 / 28 / 2014

Transaction ID : SA11C.106299

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 179 OF 303 |
| | <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)
NEXTERA ENERGY PAC

Mailing Address 700 UNIVERSE BLVD
PO BOX 14000

City JUNO BEACH State FL Zip Code 33408

FEC ID number of contributing federal political committee. **C C00064774**

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
 02 / 24 / 2014

Transaction ID : SA11C.105920

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NORFOLK SOUTHERN CORP GOOD GOVT FUND

Mailing Address THREE COMMERCIAL PL

City NORFOLK State VA Zip Code 23510

FEC ID number of contributing federal political committee. **C C00009282**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106017

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
NRA-POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL RD

City FAIRFAX State VA Zip Code 22030

FEC ID number of contributing federal political committee. **C C00053553**

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
 03 / 28 / 2014

Transaction ID : SA11C.106300

Amount of Each Receipt this Period
 2500.00

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 180 OF 303 |
| | <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)
NUCA LEGISLATIVE INFORMATION PAC

Mailing Address 4301 FAIRFAX DR N
SUITE 360

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C C00004101**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106409

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NUCOR CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1915 REXFORD ROAD

City CHARLOTTE State NC Zip Code 28211

FEC ID number of contributing federal political committee. **C C00379628**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106018

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
NUSTARPAC

Mailing Address 2330 NORTH LOOP WEST 1604

City SAN ANTONIO State TX Zip Code 78248

FEC ID number of contributing federal political committee. **C C00435321**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106383

Amount of Each Receipt this Period
3500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 181 OF 303 |
| | <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)
NUSTARPAC

Mailing Address 2330 NORTH LOOP WEST 1604

City State Zip Code
SAN ANTONIO TX 78248

FEC ID number of contributing federal political committee. **C** C00435321

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106384

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
OFFSHORE MARINE SERVICE ASSOCIATION PAC

Mailing Address 935 GRAAVIER STREET
SUITE 2040

City State Zip Code
NEW ORLEANS LA 70112

FEC ID number of contributing federal political committee. **C** C00455584

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
 03 / 31 / 2014

Transaction ID : SA11C.106367

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ONEOK EMPLOYEES PAC

Mailing Address PO BOX 871

City State Zip Code
TULSA OK 74102

FEC ID number of contributing federal political committee. **C** C00215384

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106410

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 182 OF 303 |
| | <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)
OUTDOOR ADVERTISING ASSOC OF AMERICA PAC

Mailing Address 1850 M ST NW
SUITE 1040

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00045781**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2014

Transaction ID : SA11C.106087

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
OXPAC

Mailing Address 10889 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90024

FEC ID number of contributing federal political committee. **C C00083857**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11C.106259

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
OXPAC

Mailing Address 10889 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90024

FEC ID number of contributing federal political committee. **C C00083857**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11C.106260

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 183 OF 303 |
| | <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)
PARSONS BRINCKERHOFF INC PAC

Mailing Address 1401 K STREET NW
SUITE 701

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00287003**

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
 02 / 24 / 2014

Transaction ID : SA11C.105910

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
PARSONS BRINCKERHOFF INC PAC

Mailing Address 1401 K STREET NW
SUITE 701

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00287003**

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
 03 / 31 / 2014

Transaction ID : SA11C.106351

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
PARSONS BRINCKERHOFF INC PAC

Mailing Address 1401 K STREET NW
SUITE 701

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00287003**

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
 03 / 31 / 2014

Transaction ID : SA11C.106352

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 184 OF 303 |
| | <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)
PENNSYLVANIA FOOD PAC

Mailing Address 1029 MUMMA RD
PO BOX 870

City Wormleysburg State PA Zip Code 17043

FEC ID number of contributing federal political committee. **C C00345660**

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
03 / 07 / 2014

Transaction ID : SA11C.106055

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PHILIPS ELECTRONICS

Mailing Address 1300 I ST NW
SUITE 1070 EAST

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00239780**

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
03 / 19 / 2014

Transaction ID : SA11C.106213

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PHILLIPS 66 PAC

Mailing Address 670 ADAMS BUILDING
411 SOUTH KEELER AVENUE

City Bartlesville State OK Zip Code 74003

FEC ID number of contributing federal political committee. **C C00513549**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.106588

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 185 OF 303 |
| | <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)
PHYSICAL THERAPY (PTPAC)

Mailing Address 1111 FAIRFAX ST N

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00012880

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
 03 / 21 / 2014

Transaction ID : SA11C.106201

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PITTSBURGH SUSTAINABILITY PAC-PA

Mailing Address 1720 METROPOLITAN ST.

City State Zip Code
PITTSBURGH PA 15233

FEC ID number of contributing federal political committee. **C**

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
 01 / 15 / 2014

Transaction ID : SA11C.105644

Amount of Each Receipt this Period
1000.00

PERMISSIBLE FUNDS

C. Full Name (Last, First, Middle Initial)
POLITICAL EDUCATIONAL FUND OF THE BCTD

Mailing Address 815 16TH STREET NW
SUITE 600

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00003160

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106019

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 186 OF 303 |
| | <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)
POLSINELLI PAC

Mailing Address 1401 EYE STREET, NW
SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00445981**

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
 03 / 29 / 2014

Transaction ID : SA11C.106411

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
POWER PAC OF EDISON ELECTRIC INSTITUTE

Mailing Address 701 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00095869**

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
 03 / 29 / 2014

Transaction ID : SA11C.106412

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
PPL PEOPLE FOR GOOD GOV'T PAC

Mailing Address TWO NORTH NINTH ST

City ALLENTOWN State PA Zip Code 18101

FEC ID number of contributing federal political committee. **C C00228106**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106413

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 187 OF 303 |
| | <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
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11C.106261

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
PROSPERITY ACTION INC.

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00377689

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
 03 / 29 / 2014

Transaction ID : SA11C.106423

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
PSC H2O

Mailing Address 762 LANCASTER AVE W

City BRYN MAWR State PA Zip Code 19010

FEC ID number of contributing federal political committee. **C** C00340455

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11C.105874

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

9600.00

**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 188 OF 303 |
| | <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)
PUBLIC SERVICE ENTERPRISE GROUP INC. POLITICAL ACTION COMMITTEE (PEGPAC)

Mailing Address 80 PARK PLAZA

City State Zip Code
NEWARK NJ 07102

FEC ID number of contributing federal political committee. **C** C00383489

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
 03 / 11 / 2014

Transaction ID : SA11C.106089

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
RAYTHEON PAC

Mailing Address 1100 WILSON BOULEVARD SUITE 1500

City State Zip Code
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00097568

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
 02 / 24 / 2014

Transaction ID : SA11C.105919

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
RBS CITIZENS FINANCIAL GROUP, INC. POLITICAL COMMITTEE (RBS CITIZENS PAC)

Mailing Address C/O KENNETH W. ROBINSON, TREASURER
ONE CITIZENS PLAZA, 5TH FLOOR

City State Zip Code
PROVIDENCE RI 02903

FEC ID number of contributing federal political committee. **C** C00307249

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
 02 / 17 / 2014

Transaction ID : SA11C.105868

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 189 OF 303 |
| | <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)
REALTORS PAC

Mailing Address 430 MICHIGAN AVE N

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

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
 03 / 21 / 2014

Transaction ID : SA11C.106200

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
ROCKTENN POLITICAL ACTION COMMITTEE

Mailing Address 504 THRASHER STREET

City State Zip Code
NORCROSS GA 30071

FEC ID number of contributing federal political committee. **C** C00117424

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 Y Y
 02 / 11 / 2014

Transaction ID : SA11C.105781

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROCKTENN POLITICAL ACTION COMMITTEE

Mailing Address 504 THRASHER STREET

City State Zip Code
NORCROSS GA 30071

FEC ID number of contributing federal political committee. **C** C00117424

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 Y Y
 02 / 11 / 2014

Transaction ID : SA11C.105782

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 190 OF 303 |
| | <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) ROCKWELL COLLINS GOOD GOVERNMENT COMMITTEE PAC | | Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2014 |
| Mailing Address 1300 WILSON BLVD. STE. 200 | | Transaction ID : SA11C.105767 |
| City State Zip Code ARLINGTON VA 22209 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00365684 | Name of Employer Occupation | Amount of Each Receipt this Period 4000.00 |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 4000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) SAWTOOTH POLITICAL ACTION COMMITTEE (SAWTOOTH PAC) | | Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014 |
| Mailing Address 61 PINEHURST STREET | | Transaction ID : SA11C.106216 |
| City State Zip Code MEMPHIS TN 38117 | Amount of Each Receipt this Period 3000.00 | |
| FEC ID number of contributing federal political committee. C C00461996 | Name of Employer Occupation | Amount of Each Receipt this Period 3000.00 |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 3000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) SEAFARERS POLITICAL ACTIVITY DONATION PAC | | Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2014 |
| Mailing Address 5201 AUTH WAY | | Transaction ID : SA11C.105771 |
| City State Zip Code CAMP SPRINGS MD 20746 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C C00004325 | Name of Employer Occupation | Amount of Each Receipt this Period 8500.00 |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 8500.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6500.00 |
| TOTAL This Period (last page this line number only)..... | 6500.00 |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 191 OF 303 |
| | <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)
SEAFARERS POLITICAL ACTIVITY DONATION PAC

Mailing Address 5201 AUTH WAY

City State Zip Code
CAMP SPRINGS MD 20746

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11C.105772

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SEMPRA ENERGY EMPLOYEES PAC

Mailing Address 101 ASH STREET

City State Zip Code
SAN DIEGO CA 92101

FEC ID number of contributing federal political committee. **C** C00008748

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
 03 / 24 / 2014

Transaction ID : SA11C.106262

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
SHEET METAL AND AIR CONDITIONING CONTRACTORS POLITICAL ACTION COMMITTEE

Mailing Address 4201 LAFAYETTE CENTER DRIVE

City State Zip Code
CHANTILLY VA 20151

FEC ID number of contributing federal political committee. **C** C00013961

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
 03 / 05 / 2014

Transaction ID : SA11C.106021

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 303
(check only one)

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|------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SMITHS GROUP SERVICES CORPORATION POLITICAL ACTION COMMITTEE (SMITHS PAC)

Mailing Address 425 THIRD STREET SW
SUITE 875

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00448324

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
03 / 24 / 2014

Transaction ID : SA11C.106263

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SOCIETY FOR RELIEF OF DISTRESSED AND DECAYED PILOTS POLITICAL ACTION COMMITTEE

Mailing Address 1628 JFK BLVD SUITE 2000
C/O JAMES W JOHNSON,HOLSTEIN KEATI

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00240457

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
02 / 17 / 2014

Transaction ID : SA11C.105869

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
SOUTHERN COMPANY - SOUTHERN NUCLEAR OPERATING COMPANY, INC. PAC

Mailing Address 42 INVERNESS CENTER

City BIRMINGHAM State AL Zip Code 35242

FEC ID number of contributing federal political committee. **C** C00250407

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
03 / 31 / 2014

Transaction ID : SA11C.106586

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 193 OF 303 |
| | <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)
SPECTRA ENERGY DCP PAC

Mailing Address 5400 WESTHEIMER CT

City HOUSTON State TX Zip Code 77056

FEC ID number of contributing federal political committee. **C C00429662**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106414

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
SSA MARINE INC. GOOD GOVERNMENT FUND

Mailing Address 1131 SW KLICKITAT WAY

City SEATTLE State WA Zip Code 98134

FEC ID number of contributing federal political committee. **C C00397893**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11C.105775

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
SSAB AMERICAS PAC SSAB ENTERPRISES LLC

Mailing Address 801 WARRENVILLE RD SUITE 800

City LISLE State IL Zip Code 60532

FEC ID number of contributing federal political committee. **C C00513861**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106022

Amount of Each Receipt this Period
500.00

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 194 OF 303 |
| | <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)
STV GROUP INC PAC

Mailing Address 205 WEST WELSH DRIVE

City DOUGLASSVILLE State PA Zip Code 19518

FEC ID number of contributing federal political committee. **C C00214866**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11C.105723

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
TD BANK N.A. POLITICAL ACTION COMMITTEE

Mailing Address 317 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C C00501429**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11C.105870

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
TE CONNECTIVITY, INC. POLITICAL ACTION COMMITTEE TELPAC

Mailing Address 607 14TH STREET NW
STE. 250

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00433482**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106415

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 195 OF 303 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC)

Mailing Address 2030 DOW CENTER

City MIDLAND State MI Zip Code 48674

FEC ID number of contributing federal political committee. **C** C00074096

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
 03 / 31 / 2014

Transaction ID : SA11C.106349

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. PAC

Mailing Address 101 CONSTITUTION AVE NW
SUITE 800 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.106356

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
THE WILLIAMS COMPANIES INC PAC

Mailing Address 1627 I STREET NW
SUITE 900

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00040394

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
 03 / 24 / 2014

Transaction ID : SA11C.106264

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 196 OF 303 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE WILLIAMS COMPANIES INC PAC

Mailing Address 1627 I STREET NW
SUITE 900

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00040394

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
 03 / 24 / 2014

Transaction ID : SA11C.106265

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
TRANSYSTEMS CORPORATION PAC

Mailing Address 2400 PERSHING ROAD SUITE 400

City KANSAS CITY State MO Zip Code 64108

FEC ID number of contributing federal political committee. **C** C00433672

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
 02 / 24 / 2014

Transaction ID : SA11C.105913

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
TRINITY INDUSTRIES PAC

Mailing Address 2525 STEMMONS FWY.

City DALLAS State TX Zip Code 75207

FEC ID number of contributing federal political committee. **C** C00268904

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
 03 / 29 / 2014

Transaction ID : SA11C.106416

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 197 OF 303 |
| | <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)
TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Mailing Address 228 S. WASHINGTON STREET
SUITE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00330720

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
 03 / 29 / 2014

Transaction ID : SA11C.106424

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
TSVC, INC. POLITICAL ACTION COMMITTEE (TERRACON PAC)

Mailing Address 18001 WEST 106TH STREET
SUITE 300

City State Zip Code
OLATHE KS 66061

FEC ID number of contributing federal political committee. **C** C00457853

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
 03 / 31 / 2014

Transaction ID : SA11C.106593

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
U.S. TRAVEL ASSOCIATION PAC

Mailing Address 1100 NEW YORK AVENUE
SUITE 450W

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00457754

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106023

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 198 OF 303 |
| | <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)
UGI CORPORATION POLITICAL ACTION COMMITTEE(UGI/PAC)

Mailing Address **PO BOX 12677**

City **READING** State **PA** Zip Code **19612**

FEC ID number of contributing federal political committee. **C C00139667**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11C.106057

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORP FFEG

Mailing Address **600 THIRTEENTH STREET, NW SUITE 340**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00010470**

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
03 / 05 / 2014

Transaction ID : SA11C.106024

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES CORP PAC

Mailing Address **1101 PENNSYLVANIA AVE NW 10TH FLOOR**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11C.106025

Amount of Each Receipt this Period
500.00

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 199 OF 303 |
| | <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 | |

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)
UNITED TECHNOLOGIES CORP PAC

Mailing Address 1101 PENNSYLVANIA AVE NW 10TH FLOOR

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.106026

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES CORP PAC

Mailing Address 1101 PENNSYLVANIA AVE NW 10TH FLOOR

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106417

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 GLENLAKE PKWY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

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
 02 / 24 / 2014

Transaction ID : SA11C.105923

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 200 OF 303 |
| | <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)
VERIZON COMMUNICATION INC GOOD GOVT

Mailing Address 1300 I ST NW
SUITE 400 W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106418

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
WILLIAMS AND JENSEN, PLLC POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH ST, N.W.
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00039206**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11C.106212

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
WINE SPIRITS WHOLESALERS OF AMERICA

Mailing Address 805 15TH ST NW SUITE 430

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00147173**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11C.106419

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 201 OF 303 |
| | <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 | |

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)
WPX ENERGY, INC. POLITICAL ACTION COMMITTEE

Mailing Address 801 PENNSYLVANIA AVE. NW
SUITE 315

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00502518

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : SA11C.105786

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ZACHRY CORPORATION POLITICAL ACTION COMMITTEE (ZACOPAC)

Mailing Address P. O. BOX 33240

City State Zip Code
SAN ANTONIO TX 78265

FEC ID number of contributing federal political committee. **C** C00048165

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11C.106420

Amount of Each Receipt this Period
1000.00

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).....

2000.00

361896.00

**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 202 OF 303 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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)
VERIZON

Mailing Address **PO BOX 15026**

City **ALBANY** State **NY** Zip Code **12212**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1027.58**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SA14.106525

Amount of Each Receipt this Period
1027.58

REFUND

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1027.58

1027.58

**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 203 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. 401 GROUP LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 401 NORTH SECOND STREET | | Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.106132 |
| City HARRISBURG | State PA | |
| Zip Code 17101 | Purpose of Disbursement WEB HOSTING | 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. 401 GROUP LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 401 NORTH SECOND STREET | | Amount of Each Disbursement this Period 854.14 Transaction ID : SB17.106133 |
| City HARRISBURG | State PA | |
| Zip Code 17101 | Purpose of Disbursement POSTAGE & PRINTING | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. ADP | | Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014 |
| Mailing Address 1 ADP BLVD | | Amount of Each Disbursement this Period 72.50 Transaction ID : SB17.105699 |
| City ROSELAND | State NJ | |
| Zip Code 07068 | Purpose of Disbursement PAYROLL EXPENSES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1226.64 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 204 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ADP | | Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014 |
| Mailing Address 1 ADP BLVD | | Amount of Each Disbursement this Period 5105.26 |
| City ROSELAND | State NJ | |
| Zip Code 07068 | Purpose of Disbursement PAYROLL TAXES | Transaction ID : SB17.105701 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ADP | | Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014 |
| Mailing Address 1 ADP BLVD | | Amount of Each Disbursement this Period 32.00 |
| City ROSELAND | State NJ | |
| Zip Code 07068 | Purpose of Disbursement PAYROLL EXPENSES | Transaction ID : SB17.105702 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ADP | | Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014 |
| Mailing Address 1 ADP BLVD | | Amount of Each Disbursement this Period 112.50 |
| City ROSELAND | State NJ | |
| Zip Code 07068 | Purpose of Disbursement PAYROLL EXPENSES | Transaction ID : SB17.105989 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5249.76 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 205 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ADP | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 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 | Transaction ID : SB17.105990 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ADP | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 |
| Mailing Address 1 ADP BLVD | | Amount of Each Disbursement this Period 5455.74 |
| City ROSELAND | State NJ | |
| Zip Code 07068 | Purpose of Disbursement PAYROLL TAXES | Transaction ID : SB17.105992 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ADP | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014 |
| Mailing Address 1 ADP BLVD | | Amount of Each Disbursement this Period 368.22 |
| City ROSELAND | State NJ | |
| Zip Code 07068 | Purpose of Disbursement PAYROLL TAXES | Transaction ID : SB17.106527 |
| 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: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5830.96 |
| 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 206 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ADP | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014 |
| Mailing Address 1 ADP BLVD | | Amount of Each Disbursement this Period 112.50 Transaction ID : SB17.106528 |
| City ROSELAND | State NJ | |
| Zip Code 07068 | Purpose of Disbursement PAYROLL EXPENSES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. ADP | | Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014 |
| Mailing Address 1 ADP BLVD | | Amount of Each Disbursement this Period 7.00 Transaction ID : SB17.106529 |
| City ROSELAND | State NJ | |
| Zip Code 07068 | Purpose of Disbursement PAYROLL EXPENSES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. ADP | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 1 ADP BLVD | | Amount of Each Disbursement this Period 5244.61 Transaction ID : SB17.106244 |
| City ROSELAND | State NJ | |
| Zip Code 07068 | Purpose of Disbursement PAYROLL TAXES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5364.11 |
| 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 207 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. KRISTIN ALCALDE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014 |
| Mailing Address 12640 DUSTY WHEEL LANE | | Amount of Each Disbursement this Period 875.71 Transaction ID : SB17.105703 |
| City FAIRFAX | State VA | |
| Zip Code 22033 | Purpose of Disbursement SALARY | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. KRISTIN ALCALDE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 12640 DUSTY WHEEL LANE | | Amount of Each Disbursement this Period 478.75 Transaction ID : SB17.105744 |
| City FAIRFAX | State VA | |
| Zip Code 22033 | Purpose of Disbursement MILEAGE REIMBURSEMENT | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. KRISTIN ALCALDE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014 |
| Mailing Address 12640 DUSTY WHEEL LANE | | Amount of Each Disbursement this Period 1621.12 Transaction ID : SB17.105926 |
| City FAIRFAX | State VA | |
| Zip Code 22033 | Purpose of Disbursement SALARY | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2975.58 |
| 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 208 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. KRISTIN ALCALDE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 12640 DUSTY WHEEL LANE | | Amount of Each Disbursement this Period 617.93 Transaction ID : SB17.106121 |
| City FAIRFAX | State VA | |
| Zip Code 22033 | Purpose of Disbursement MILEAGE REIMBURSEMENT | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. KRISTIN ALCALDE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 12640 DUSTY WHEEL LANE | | Amount of Each Disbursement this Period 1621.12 Transaction ID : SB17.106239 |
| City FAIRFAX | State VA | |
| Zip Code 22033 | Purpose of Disbursement SALARY | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. ALTOONA NEON AND SIGN | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 809 S 19TH STREET | | Amount of Each Disbursement this Period 689.00 Transaction ID : SB17.105968 |
| City ALTOONA | State PA | |
| Zip Code 16602 | Purpose of Disbursement CAMPAIGN SIGNS | 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: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2928.05 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 209 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. ALWAYS A PARTY RENTAL

Mailing Address 3417 BEALE AVE.

City ALTOONA State PA Zip Code 16601

Purpose of Disbursement
EVENT SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 06 / 2014

Amount of Each Disbursement this Period
2640.28

Transaction ID : SB17.105724

Category/Type
001

Full Name (Last, First, Middle Initial)
B. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 01 / 2014

Amount of Each Disbursement this Period
7.95

Transaction ID : SB17.105695

Category/Type
001

Full Name (Last, First, Middle Initial)
C. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
SEE BELOW

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 04 / 2014

Amount of Each Disbursement this Period
17115.69

Transaction ID : SB17.105339

Category/Type
001

SUBTOTAL of Disbursements This Page (optional)..... 19763.92

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 210 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. AMTRAK | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 400 N CAPITOL STREET NW | | Amount of Each Disbursement this Period 830.25 |
| City WASHINGTON State DC Zip Code 20001 | Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106630 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. SONOMA RESTAURANT AND WINE BAR | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 223 PENNSYLVANIA AVENUE SE | | Amount of Each Disbursement this Period 3720.45 |
| City WASHINGTON State DC Zip Code 20003 | Purpose of Disbursement EVENT CATERING 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106631 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. THE BENJAMIN HOTEL | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 125 EAST 50TH STREET | | Amount of Each Disbursement this Period 2000.00 |
| City NEW YORK State NY Zip Code 10022 | Purpose of Disbursement LODGING 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106632 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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| 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 211 OF 303 | |
| | <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) A. SHEETZ INC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 5700 SIXTH AVENUE | | Amount of Each Disbursement this Period 79.82 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement MEETING EXPENSE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106633 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. UNITED AIRLINES | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 1200 E ALGONQUIN ROAD | | Amount of Each Disbursement this Period 728.80 |
| City ELK GROVE VILLAGE State IL Zip Code 60007 | Purpose of Disbursement AIRFARE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106634 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. HILL COUNTRY BBQ | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 410 7TH STREET NW | | Amount of Each Disbursement this Period 4645.41 |
| City WASHINGTON State DC Zip Code 20004 | Purpose of Disbursement EVENT CATERING 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106635 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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|---|------|
| 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 212 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. THE RITZ-CARLTON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 455 GRAND BAY DRIVE | | Amount of Each Disbursement this Period 432.39 |
| City KEY BISCAYNE | State FL | |
| Zip Code 33149 | Purpose of Disbursement LODGING | Transaction ID : SB17.106636 |
| 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. CAPITOL HILL CLUB | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 300 FIRST STREET SE | | Amount of Each Disbursement this Period 385.40 |
| City WASHINGTON | State DC | |
| Zip Code 20003 | Purpose of Disbursement EVENT CATERING | Transaction ID : SB17.106637 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. FACEBOOK | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 1 HACKER WAY | | Amount of Each Disbursement this Period 795.59 |
| City MENLO PARK | State CA | |
| Zip Code 94025 | Purpose of Disbursement WEB ADVERTISING | Transaction ID : SB17.106638 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 213 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. VERIZON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address PO BOX 15026 | | Amount of Each Disbursement this Period 120.00 |
| City ALBANY State NY Zip Code 12212 | Purpose of Disbursement TELEPHONE 001 | |
| Candidate Name | | Transaction ID : SB17.106639 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. POTBELLY | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 1275 1ST STREET NE BLD 1 STE. J | | Amount of Each Disbursement this Period 86.02 |
| City WASHINGTON State DC Zip Code 20002 | Purpose of Disbursement MEETING EXPENSE 001 | |
| Candidate Name | | Transaction ID : SB17.106640 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address PO BOX 619612 MD 2400 | | Amount of Each Disbursement this Period 197.32 |
| City DALLAS State TX Zip Code 75261 | Purpose of Disbursement AIRFARE 001 | |
| Candidate Name | | Transaction ID : SB17.106642 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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| 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 214 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. BOBBY VAN'S STEAKHOUSE | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 | |
| Mailing Address 809 15TH STREET NW | | | Amount of Each Disbursement this Period 141.12 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SB17.106643 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. DUNKIN DONUTS | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 | |
| Mailing Address 3132 PLEASANT VALLEY BLVD | | | Amount of Each Disbursement this Period 121.50 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.106644 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. DEL FRISCO GRILLE | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 | |
| Mailing Address 50 ROCKEFELLER PLAZA | | | Amount of Each Disbursement this Period 283.60 | |
| City NEW YORK | State NY | Zip Code 10020 | Transaction ID : SB17.106645 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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| 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 215 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. WAL-MART | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 702 SW 8TH ST | | Amount of Each Disbursement this Period 1054.70 |
| City BENTONVILLE State AR Zip Code 72716 | Purpose of Disbursement EVENT SUPPLIES 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106646 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 800 MARKET STREET 7TH FLOOR | | Amount of Each Disbursement this Period 189.00 |
| City SAN FRANCISCO State CA Zip Code 94115 | Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106647 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014 |
| Mailing Address PO BOX 1270 | | Amount of Each Disbursement this Period 87.15 |
| City NEWARK State NJ Zip Code 07101 | Purpose of Disbursement CC TRANSACTION FEES 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.105698 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 87.15 |
| 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 216 OF 303 | |
| | <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) A. AMERICAN EXPRESS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014 |
| Mailing Address PO BOX 1270 | | Amount of Each Disbursement this Period 51.60 Transaction ID : SB17.105988 |
| City NEWARK State NJ Zip Code 07101 | Purpose of Disbursement CC TRANSACTION FEES Category/Type 001 | |
| Candidate Name | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address PO BOX 1270 | | Amount of Each Disbursement this Period 24428.82 Transaction ID : SB17.105725 |
| City NEWARK State NJ Zip Code 07101 | 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) C. AMTRAK | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 400 N CAPITOL STREET NW | | Amount of Each Disbursement this Period 795.00 Transaction ID : SB17.106648 [MEMO ITEM] |
| City WASHINGTON State DC Zip Code 20001 | Purpose of Disbursement TRAVEL EXPENSE Category/Type 001 | |
| Candidate Name | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

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|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 24480.42 |
| 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 217 OF 303 | |
| | <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) A. THE BENJAMIN HOTEL | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2014 |
| Mailing Address 125 EAST 50TH STREET | | Amount of Each Disbursement this Period 4719.14 |
| City NEW YORK State NY Zip Code 10022 | Purpose of Disbursement LODGING | |
| Candidate Name | | Transaction ID : SB17.106649 |
| Office Sought: <input type="checkbox"/> House <input 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 | [MEMO ITEM] |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. DOUBLETREE HOTEL | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2014 |
| Mailing Address 11915 EL CAMINO REAL | | Amount of Each Disbursement this Period 1695.13 |
| City SAN DIEGO State CA Zip Code 92130 | Purpose of Disbursement LODGING | |
| Candidate Name | | Transaction ID : SB17.106650 |
| Office Sought: <input type="checkbox"/> House <input 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 | [MEMO ITEM] |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. RISTORANTE TOSCA | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2014 |
| Mailing Address 1112 F STREET NW | | Amount of Each Disbursement this Period 140.00 |
| City WASHINGTON State DC Zip Code 20004 | Purpose of Disbursement MEETING EXPENSE | |
| Candidate Name | | Transaction ID : SB17.106651 |
| Office Sought: <input type="checkbox"/> House <input 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 | [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 218 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. FLANNERY'S TAVERN ON THE SQUARE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 5 NORTH MAIN STREET | | Amount of Each Disbursement this Period 345.15 |
| City MERCERSBURG | State PA | |
| Zip Code 17236 | Purpose of Disbursement EVENT CATERING | Transaction ID : SB17.106652 |
| 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. US AIRWAYS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 5620 UNIVERSITY PKWY | | Amount of Each Disbursement this Period 1419.70 |
| City WINSTON SALEM | State NC | |
| Zip Code 27105 | Purpose of Disbursement AIRFARE | Transaction ID : SB17.106653 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. THE WESTIN | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 1114 WASHINGTON BOULEVARD | | Amount of Each Disbursement this Period 215.46 |
| City DETROIT | State MI | |
| Zip Code 48226 | Purpose of Disbursement LODGING | Transaction ID : SB17.106654 |
| 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: | | |

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| 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 219 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. HILTON HOTEL | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 1870 GRIFFIN ROAD | | Amount of Each Disbursement this Period 500.00 |
| City DANIA State FL Zip Code 33004 | Purpose of Disbursement LODGING 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106655 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. ACQUA AL 2 | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 212 7TH STREET SOUTHEAST | | Amount of Each Disbursement this Period 438.90 |
| City WASHINGTON State DC Zip Code 20003 | Purpose of Disbursement EVENT CATERING 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106656 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. DEL FRISCO GRILLE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 50 ROCKEFELLER PLAZA | | Amount of Each Disbursement this Period 1869.32 |
| City NEW YORK State NY Zip Code 10020 | Purpose of Disbursement EVENT CATERING 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106657 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 220 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2014 |
| Mailing Address 800 MARKET STREET 7TH FLOOR | | Amount of Each Disbursement this Period \$ 125.00 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94115 | Purpose of Disbursement TRAVEL EXPENSE | Transaction ID : SB17.106658 |
| 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. CAPITOL HILL CLUB | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2014 |
| Mailing Address 300 FIRST STREET SE | | Amount of Each Disbursement this Period \$ 63.29 |
| City WASHINGTON | State DC | |
| Zip Code 20003 | Purpose of Disbursement MEETING EXPENSE | Transaction ID : SB17.106659 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. SHELL OIL | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2014 |
| Mailing Address 10524 SHARPSBURG PIKE | | Amount of Each Disbursement this Period \$ 37.00 |
| City HAGERSTOWN | State MD | |
| Zip Code 21740 | Purpose of Disbursement FUEL | Transaction ID : SB17.106660 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | \$ 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 221 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. EXXON | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 542 SOUTH CENTER STREET | | Amount of Each Disbursement this Period 52.72 |
| City EBENSBURG | State PA Zip Code 15931 | |
| Purpose of Disbursement FUEL | Category/Type 001 | Transaction ID : SB17.106661 [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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. SHIRLINGTON SERVICE CENTER | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 2817 S QUINCY ST | | Amount of Each Disbursement this Period 1524.44 |
| City ARLINGTON | State VA Zip Code 22206 | |
| Purpose of Disbursement CAMPAIGN VEHICLE REPAIR | Category/Type 001 | Transaction ID : SB17.106662 [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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. FEDEX | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address PO BOX 371461 | | Amount of Each Disbursement this Period 34.22 |
| City PITTSBURGH | State PA Zip Code 15250 | |
| Purpose of Disbursement SHIPPING | Category/Type 001 | Transaction ID : SB17.106663 [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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 222 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. FACEBOOK | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 1 HACKER WAY | | Amount of Each Disbursement this Period 1144.10 |
| City MENLO PARK | State CA | |
| Zip Code 94025 | Purpose of Disbursement WEB ADVERTISING | Transaction ID : SB17.106665 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. VERIZON | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address PO BOX 15026 | | Amount of Each Disbursement this Period 100.00 |
| City ALBANY | State NY | |
| Zip Code 12212 | Purpose of Disbursement TELEPHONE | Transaction ID : SB17.106667 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. CHINA GRILL | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 60 W 53RD ST | | Amount of Each Disbursement this Period 667.76 |
| City NEW YORK | State NY | |
| Zip Code 10019 | Purpose of Disbursement EVENT CATERING | Transaction ID : SB17.106668 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 223 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. ROTHMANN'S STEAKHOUSE | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 | |
| Mailing Address 3 EAST 54TH STREET | | | Amount of Each Disbursement this Period 236.74 | |
| City NEW YORK | State NY | Zip Code 10022 | Transaction ID : SB17.106669 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. RISTORANTE DEGREGIA | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 | |
| Mailing Address 231 E 50TH ST | | | Amount of Each Disbursement this Period 593.80 | |
| City NEW YORK | State NY | Zip Code 10022 | Transaction ID : SB17.106670 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. DOUBLETREE HOTEL | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 | |
| Mailing Address 11915 EL CAMINO REAL | | | Amount of Each Disbursement this Period 402.69 | |
| City SAN DIEGO | State CA | Zip Code 92130 | Transaction ID : SB17.106671 | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 224 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. BOBBY VAN'S STEAKHOUSE | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 | |
| Mailing Address 809 15TH STREET NW | | | Amount of Each Disbursement this Period 2598.31 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SB17.106672 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 | |
| Mailing Address 2 CONVENTION CENTER BLVD | | | Amount of Each Disbursement this Period 485.90 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.106673 | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. STAPLES | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 | |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | | Amount of Each Disbursement this Period 789.56 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.106674 | |
| 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: | | | | |

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| 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 225 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. IL PIZZAIOLO | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2014 |
| Mailing Address 8 MARKET SQUARE | | Amount of Each Disbursement this Period 360.00 |
| City PITTSBURGH | State PA | |
| Zip Code 15222 | Purpose of Disbursement EVENT CATERING | Transaction ID : SB17.106675 [MEMO ITEM] |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. FAIRMONT | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2014 |
| Mailing Address 510 MARKET STREET | | Amount of Each Disbursement this Period 590.52 |
| City PITTSBURGH | State PA | |
| Zip Code 15222 | Purpose of Disbursement LODGING | Transaction ID : SB17.106676 [MEMO ITEM] |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. WAL-MART | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2014 |
| Mailing Address 702 SW 8TH ST | | Amount of Each Disbursement this Period 1896.97 |
| City BENTONVILLE | State AR | |
| Zip Code 72716 | Purpose of Disbursement EVENT SUPPLIES | Transaction ID : SB17.106677 [MEMO ITEM] |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 226 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. HILL COUNTRY BBQ | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 410 7TH STREET NW | | Amount of Each Disbursement this Period -3255.00 |
| City WASHINGTON State DC Zip Code 20004 | Purpose of Disbursement REFUND 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106688 [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. OCEANA | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address ST THOMAS, U.S. VIRGIN ISLANDS | | Amount of Each Disbursement this Period 1183.20 |
| City State Zip Code | Purpose of Disbursement EVENT CATERING 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106689 [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: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address PO BOX 1270 | | Amount of Each Disbursement this Period 22727.43 |
| City NEWARK State NJ Zip Code 07101 | Purpose of Disbursement SEE BELOW 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.105979 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 22727.43 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 227 OF 303 | |
| | <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) A. UBER TECHNOLOGIES | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 800 MARKET STREET 7TH FLOOR | | Amount of Each Disbursement this Period 47.89 |
| City SAN FRANCISCO State CA Zip Code 94115 | Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106606 [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: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. ACQUA AL 2 | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 212 7TH STREET SOUTHEAST | | Amount of Each Disbursement this Period 3480.52 |
| City WASHINGTON State DC Zip Code 20003 | Purpose of Disbursement EVENT CATERING 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106607 [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: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. AMTRAK | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 400 N CAPITOL STREET NW | | Amount of Each Disbursement this Period 482.00 |
| City WASHINGTON State DC Zip Code 20001 | Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106608 [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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 228 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. DISTRICT PROVISIONS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 1309 5TH ST NE | | Amount of Each Disbursement this Period 636.14 |
| City WASHINGTON State DC Zip Code 20002 | Purpose of Disbursement EVENT CATERING | |
| Candidate Name | | Transaction ID : SB17.106609 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type 001 | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. THE CONGRESSIONAL INSTITUTE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 316 PENNSYLVANIA AVENUE SE SUITE 403 | | Amount of Each Disbursement this Period 445.00 |
| City WASHINGTON State DC Zip Code 20003 | Purpose of Disbursement CONGRESSIONAL RETREAT | |
| Candidate Name | | Transaction ID : SB17.106610 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type 001 | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 300 FIRST STREET SE | | Amount of Each Disbursement this Period 1415.99 |
| City WASHINGTON State DC Zip Code 20003 | Purpose of Disbursement EVENT CATERING | |
| Candidate Name | | Transaction ID : SB17.106611 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type 001 | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 229 OF 303 | |
| | <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) A. EXXON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 542 SOUTH CENTER STREET | | Amount of Each Disbursement this Period 97.26 |
| City EBENSBURG | State PA Zip Code 15931 | |
| Purpose of Disbursement FUEL | Category/Type 001 | Transaction ID : SB17.106612 [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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. LA COLLINA | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 37-41 ASHLAND AVE | | Amount of Each Disbursement this Period 1835.00 |
| City BALA CYNWYD | State PA Zip Code 19004 | |
| Purpose of Disbursement EVENT CATERING | Category/Type 001 | Transaction ID : SB17.106613 [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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. THE RITZ-CARLTON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address TEN AVENUE OF THE ARTS | | Amount of Each Disbursement this Period 927.49 |
| City PHILADELPHIA | State PA Zip Code 19102 | |
| Purpose of Disbursement LODGING | Category/Type 001 | Transaction ID : SB17.106614 [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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 230 OF 303 | |
| | <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) A. RISTORANTE TOSCA | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 | |
| Mailing Address 1112 F STREET NW | | | Amount of Each Disbursement this Period 274.28 | |
| City WASHINGTON | State DC | Zip Code 20004 | Transaction ID : SB17.106615 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. STAPLES | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 | |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | | Amount of Each Disbursement this Period 1938.23 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.106616 | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. WAL-MART | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 | |
| Mailing Address 702 SW 8TH ST | | | Amount of Each Disbursement this Period 2409.47 | |
| City BENTONVILLE | State AR | Zip Code 72716 | Transaction ID : SB17.106617 | |
| Purpose of Disbursement EVENT 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 231 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. FACEBOOK | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 1 HACKER WAY | | Amount of Each Disbursement this Period 1881.83 |
| City MENLO PARK | State CA | |
| Zip Code 94025 | Purpose of Disbursement WEB ADVERTISING | Transaction ID : SB17.106618 |
| 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: | | |

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| Full Name (Last, First, Middle Initial) B. SHEETZ INC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 5700 SIXTH AVENUE | | Amount of Each Disbursement this Period 551.80 |
| City ALTOONA | State PA | |
| Zip Code 16602 | Purpose of Disbursement EVENT CATERING | Transaction ID : SB17.106619 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. PANERA | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 156 FALON LANE | | Amount of Each Disbursement this Period 141.63 |
| City HOLLIDAYSBURG | State PA | |
| Zip Code 16648 | Purpose of Disbursement MEETING EXPENSE | Transaction ID : SB17.106620 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 232 OF 303 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. BEST BUY | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 | |
| Mailing Address 1721 OSGOOD DRIVE | | | Amount of Each Disbursement this Period 624.24 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.106621 | |
| Purpose of Disbursement OFFICE EQUIPMENT | | Category/ Type 001 | | |
| Candidate Name | | | [MEMO ITEM] | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. BLACK DOG COFFEE & CATERING | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 | |
| Mailing Address 519 ALLEGHENY STREET | | | Amount of Each Disbursement this Period 86.10 | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Transaction ID : SB17.106622 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | | |
| Candidate Name | | | [MEMO ITEM] | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. USPS | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 | |
| Mailing Address 525 ALLEGHENY STREET | | | Amount of Each Disbursement this Period 233.00 | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Transaction ID : SB17.106623 | |
| Purpose of Disbursement POSTAGE | | Category/ Type 001 | | |
| Candidate Name | | | [MEMO ITEM] | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 233 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. FLS CONNECT | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 7300 HUDSON BLVD STE. 270 | | Amount of Each Disbursement this Period 1400.00 |
| City SAINT PAUL State MN Zip Code 55128 | Purpose of Disbursement VOTER CONTACT 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106625 [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: | | |

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| Full Name (Last, First, Middle Initial) B. FLANNERY'S TAVERN ON THE SQUARE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 5 NORTH MAIN STREET | | Amount of Each Disbursement this Period 165.98 |
| City MERCERSBURG State PA Zip Code 17236 | Purpose of Disbursement MEETING EXPENSE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106626 [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: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. POTBELLY | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 1275 1ST STREET NE BLD 1 STE. J | | Amount of Each Disbursement this Period 91.75 |
| City WASHINGTON State DC Zip Code 20002 | Purpose of Disbursement MEETING EXPENSE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106627 [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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 234 OF 303 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. DUNKIN DONUTS | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 | |
| Mailing Address 3132 PLEASANT VALLEY BLVD | | | Amount of Each Disbursement this Period 179.66 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.106628 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. AVIS RENT A CAR | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 | |
| Mailing Address 1100 FRANKLIN AVENUE | | | Amount of Each Disbursement this Period 243.22 | |
| City GARDEN CITY | State NY | Zip Code 11530 | Transaction ID : SB17.106629 | |
| Purpose of Disbursement CAR RENTAL | | 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: | | | | |

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| Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014 | |
| Mailing Address PO BOX 1270 | | | Amount of Each Disbursement this Period 112.29 | |
| City NEWARK | State NJ | Zip Code 07101 | Transaction ID : SB17.106524 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 112.29 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 235 OF 303 | | | |
| | <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) A. ATLANTIC BROADBAND | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 | |
| Mailing Address BOX 371801 | | | Amount of Each Disbursement this Period 67.99 | |
| City PITTSBURGH | State PA | Zip Code 15250 | Transaction ID : SB17.105340 | |
| Purpose of Disbursement INTERNET | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. ATLANTIC BROADBAND | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 | |
| Mailing Address BOX 371801 | | | Amount of Each Disbursement this Period 691.79 | |
| City PITTSBURGH | State PA | Zip Code 15250 | Transaction ID : SB17.106092 | |
| Purpose of Disbursement INTERNET | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. CONNOR BARROWS | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014 | |
| Mailing Address 2 ORCHARD RD. | | | Amount of Each Disbursement this Period 500.00 | |
| City WASHINGTON CROSSIN | State PA | Zip Code 18977 | Transaction ID : SB17.105967 | |
| Purpose of Disbursement FIELD CONSULTING | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1259.78 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 236 OF 303 | |
| | <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) A. CONNOR BARROWS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 2 ORCHARD RD. | | Amount of Each Disbursement this Period 118.13 Transaction ID : SB17.106101 |
| City WASHINGTON CROSSIN | State PA | |
| Zip Code 18977 | Purpose of Disbursement MILEAGE REIMBURSEMENT | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. CONNOR BARROWS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 2 ORCHARD RD. | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.106321 |
| City WASHINGTON CROSSIN | State PA | |
| Zip Code 18977 | Purpose of Disbursement FIELD CONSULTING | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. BASECAMP INC. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014 |
| Mailing Address 1929 18TH STREET NW | | Amount of Each Disbursement this Period 368.00 Transaction ID : SB17.105647 |
| City WASHINGTON | State DC | |
| Zip Code 20009 | Purpose of Disbursement PRINTING | 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: | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 986.13 |
| 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 237 OF 303 | |
| | <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) A. BASECAMP INC. | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 | |
| Mailing Address 1929 18TH STREET NW | | | Amount of Each Disbursement this Period 147.20 | |
| City WASHINGTON | State DC | Zip Code 20009 | Transaction ID : SB17.106093 | |
| Purpose of Disbursement PRINTING | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. BEDFORD CO. CHAMBER OF COMMERCE | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014 | |
| Mailing Address 125 S. JULIANA STREET | | | Amount of Each Disbursement this Period 12.00 | |
| City BEDFORD | State PA | Zip Code 15522 | Transaction ID : SB17.105432 | |
| Purpose of Disbursement EVENT TICKETS | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. BEDFORD CO. CHAMBER OF COMMERCE | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 | |
| Mailing Address 125 S. JULIANA STREET | | | Amount of Each Disbursement this Period 250.00 | |
| City BEDFORD | State PA | Zip Code 15522 | Transaction ID : SB17.105877 | |
| Purpose of Disbursement EVENT SPONSORSHIP | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 409.20 |
| 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 238 OF 303 | |
| | <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) A. BGR PAC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014 |
| Mailing Address 601 13TH STREET NW 11TH FLOOR SOUT | | Amount of Each Disbursement this Period 2496.00 |
| City WASHINGTON State DC Zip Code 20005 | Purpose of Disbursement IN-KIND:EVENT CATERING | |
| Candidate Name BGR PAC | | Transaction ID : SB17.106238 |
| Office Sought: <input type="checkbox"/> House <input 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 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. NANCY BULL | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 322 RIDGE AVENUE | | Amount of Each Disbursement this Period 174.90 |
| City WAYNESBORO State PA Zip Code 17268 | Purpose of Disbursement SEE BELOW | |
| Candidate Name | | Transaction ID : SB17.105881 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type 001 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. CHAMBERSBURG RENTAL SERVICE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 510 W. LOUDON ST. | | Amount of Each Disbursement this Period 174.90 |
| City CHAMBERSBURG State PA Zip Code 17201 | Purpose of Disbursement EVENT SUPPLIES | |
| Candidate Name | | Transaction ID : SB17.105882 |
| Office Sought: <input type="checkbox"/> House <input 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 | [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2670.90 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 239 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. NANCY BULL | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 322 RIDGE AVENUE | | Amount of Each Disbursement this Period 78.00 Transaction ID : SB17.106122 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. FRANKLIN CO REPUBLICAN COMMITTEE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address SUITE 293 SOUTH GATE MALL | | Amount of Each Disbursement this Period 78.00 Transaction ID : SB17.106123 [MEMO ITEM] |
| City CHAMBERSBURG State PA Zip Code 17201 | Purpose of Disbursement EVENT TICKETS 001 Category/Type | |
| Candidate Name FRANKLIN CO REPUBLICAN COMMITTEE | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. ERIC BURGESON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 2403 N. UTAH ST. | | Amount of Each Disbursement this Period 667.80 Transaction ID : SB17.105352 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 745.80 |
| 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 240 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. UNITED AIRLINES | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 1200 E ALGONQUIN ROAD | | Amount of Each Disbursement this Period 667.80 |
| City State Zip Code ELK GROVE VILLAGE IL 60007 | Purpose of Disbursement AIRFARE | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.105353 [MEMO ITEM] |
| Office Sought: House Senate President State: District: | Disbursement For: Primary General Other (specify) | |

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| Full Name (Last, First, Middle Initial) B. ERIC BURGESON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014 |
| Mailing Address 2403 N. UTAH ST. | | Amount of Each Disbursement this Period 116.85 |
| City State Zip Code ARLINGTON VA 22207 | Purpose of Disbursement SEE BELOW | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.105650 |
| Office Sought: House Senate President State: District: | Disbursement For: Primary General Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. VERIZON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014 |
| Mailing Address PO BOX 15026 | | Amount of Each Disbursement this Period 116.85 |
| City State Zip Code ALBANY NY 12212 | Purpose of Disbursement CELL PHONE | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.105651 [MEMO ITEM] |
| Office Sought: House Senate President State: District: | Disbursement For: Primary General Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 116.85 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 241 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. ERIC BURGESON | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2014 |
| Mailing Address 2403 N. UTAH ST. | | Amount of Each Disbursement this Period 527.09 Transaction ID : SB17.105734 |
| 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. US AIRWAYS | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2014 |
| Mailing Address 5620 UNIVERSITY PKWY | | Amount of Each Disbursement this Period 436.00 Transaction ID : SB17.105736 [MEMO ITEM] |
| City WINSTON SALEM State NC Zip Code 27105 | Purpose of Disbursement AIRFARE 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. ERIC BURGESON | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2014 |
| Mailing Address 2403 N. UTAH ST. | | Amount of Each Disbursement this Period 253.12 Transaction ID : SB17.106679 |
| City ARLINGTON State VA Zip Code 22207 | Purpose of Disbursement MILEAGE REIMBURSEMENT 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 780.21 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 242 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. ERIC BURGESON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 2403 N. UTAH ST. | | Amount of Each Disbursement this Period 116.25 |
| City ARLINGTON State VA Zip Code 22207 | Purpose of Disbursement SEE BELOW 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106109 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. VERIZON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address PO BOX 15026 | | Amount of Each Disbursement this Period 116.25 |
| City ALBANY State NY Zip Code 12212 | Purpose of Disbursement CELL PHONE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106110 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. ERIC BURGESON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 2403 N. UTAH ST. | | Amount of Each Disbursement this Period 457.52 |
| City ARLINGTON State VA Zip Code 22207 | Purpose of Disbursement MILEAGE REIMBURSEMENT 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106680 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 573.77 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 243 OF 303 | | | |
| | <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) A. ERIC BURGESON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014 |
| Mailing Address 2403 N. UTAH ST. | | Amount of Each Disbursement this Period 116.83 Transaction ID : SB17.106217 |
| 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. VERIZON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014 |
| Mailing Address PO BOX 15026 | | Amount of Each Disbursement this Period 116.83 Transaction ID : SB17.106218 [MEMO ITEM] |
| 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: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. CAPITOL PROMOTIONS INC. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014 |
| Mailing Address 2362 OAKDALE AVENUE PO BOX 231 | | Amount of Each Disbursement this Period 14373.60 Transaction ID : SB17.105609 |
| City GLENSIDE State PA Zip Code 19038 | Purpose of Disbursement PRINTING 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 14490.43 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 244 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. CAPITOL PROMOTIONS INC. | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 | |
| Mailing Address 2362 OAKDALE AVENUE PO BOX 231 | | | Amount of Each Disbursement this Period 490.78 | |
| City GLENSIDE | State PA | Zip Code 19038 | Transaction ID : SB17.105727 | |
| Purpose of Disbursement BALLOONS | | 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. CENTRAL BLAIR RECREATION COMMISSION | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014 | |
| Mailing Address 2101 FIFTH AVENUE | | | Amount of Each Disbursement this Period 125.00 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.105649 | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ | District: _____ | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. CHERRY TREE CAFE | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 | |
| Mailing Address 315 MCCLELLANTOWN RD. | | | Amount of Each Disbursement this Period 1208.50 | |
| City UNIONTOWN | State PA | Zip Code 15401 | Transaction ID : SB17.106099 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ | District: _____ | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 1824.28 |
| 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 245 OF 303 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014 |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | Amount of Each Disbursement this Period 331.80 Transaction ID : SB17.105696 |
| City TYSONS CORNER | State VA Zip Code 22182 | |
| Purpose of Disbursement CC TRANSACTION FEES | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014 |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | Amount of Each Disbursement this Period 102.50 Transaction ID : SB17.105700 |
| City TYSONS CORNER | State VA Zip Code 22182 | |
| Purpose of Disbursement CC TRANSACTION FEES | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014 |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | Amount of Each Disbursement this Period 97.95 Transaction ID : SB17.105986 |
| City TYSONS CORNER | State VA Zip Code 22182 | |
| Purpose of Disbursement CC TRANSACTION FEES | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 331.80 |
| 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 246 OF 303 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014 |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | Amount of Each Disbursement this Period 140.00 Transaction ID : SB17.105991 |
| City TYSONS CORNER | State VA Zip Code 22182 | |
| Purpose of Disbursement CC TRANSACTION FEES | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014 |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | Amount of Each Disbursement this Period 85.10 Transaction ID : SB17.106522 |
| City TYSONS CORNER | State VA Zip Code 22182 | |
| Purpose of Disbursement CC TRANSACTION FEES | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. CASEY CONTRES | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 2213 7TH AVE APT. A | | Amount of Each Disbursement this Period 300.09 Transaction ID : SB17.105343 |
| City ALTOONA | State PA Zip Code 16602 | |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 525.19 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 247 OF 303 | |
| | <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) A. CASEY CONTRES | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014 |
| Mailing Address 2213 7TH AVE APT. A | | Amount of Each Disbursement this Period 2244.40 Transaction ID : SB17.105704 |
| City ALTOONA State PA Zip Code 16602 | 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: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. CASEY CONTRES | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 2213 7TH AVE APT. A | | Amount of Each Disbursement this Period 959.31 Transaction ID : SB17.105728 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement MILEAGE REIMBURSEMENT 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. CASEY CONTRES | | Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014 |
| Mailing Address 2213 7TH AVE APT. A | | Amount of Each Disbursement this Period 2244.40 Transaction ID : SB17.105927 |
| City ALTOONA State PA Zip Code 16602 | 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5448.11 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 248 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|--|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. CASEY CONTRES | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 | |
| Mailing Address 2213 7TH AVE APT. A | | | Amount of Each Disbursement this Period 462.73 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.106095 | |
| 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: | | | |

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|--|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. CASEY CONTRES | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 | |
| Mailing Address 2213 7TH AVE APT. A | | | Amount of Each Disbursement this Period 335.50 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.106096 | |
| Purpose of Disbursement MILEAGE REIMBURSEMENT | | 001 Category/ Type | | |
| Candidate Name | | | [MEMO ITEM] | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

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|---|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. BEST BUY | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 | |
| Mailing Address 1721 OSGOOD DRIVE | | | Amount of Each Disbursement this Period 58.29 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.106097 | |
| Purpose of Disbursement OFFICE SUPPLIES | | 001 Category/ Type | | |
| Candidate Name | | | [MEMO ITEM] | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 462.73 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 249 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. CASEY CONTRES | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 2213 7TH AVE APT. A | | Amount of Each Disbursement this Period 2244.40 Transaction ID : SB17.106240 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement SALARY Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. COPY RITE & BANNER ZONE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 301 ALLEGHENY STREET | | Amount of Each Disbursement this Period 235.32 Transaction ID : SB17.105879 |
| City HOLLIDAYSBURG State PA Zip Code 16648 | 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: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. COPY RITE & BANNER ZONE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 301 ALLEGHENY STREET | | Amount of Each Disbursement this Period 79.10 Transaction ID : SB17.105969 |
| City HOLLIDAYSBURG State PA Zip Code 16648 | 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2558.82 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 250 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. COPY RITE & BANNER ZONE | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 | |
| Mailing Address 301 ALLEGHENY STREET | | | Amount of Each Disbursement this Period 661.44 | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Transaction ID : SB17.106102 | |
| Purpose of Disbursement PRINTING | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. JOHN DAVIS | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 | |
| Mailing Address 229 DEWEY ST. | | | Amount of Each Disbursement this Period 600.00 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.105742 | |
| Purpose of Disbursement DRIVING SERVICES | | 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. JOHN DAVIS | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 | |
| Mailing Address 229 DEWEY ST. | | | Amount of Each Disbursement this Period 50.02 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.106118 | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1311.46 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 251 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. SHEETZ INC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 5700 SIXTH AVENUE | | Amount of Each Disbursement this Period 50.02 |
| City ALTOONA | State PA Zip Code 16602 | |
| Purpose of Disbursement FUEL | Category/Type 001 | Transaction ID : SB17.106120 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. JOHN DAVIS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 229 DEWEY ST. | | Amount of Each Disbursement this Period 600.00 |
| City ALTOONA | State PA Zip Code 16602 | |
| Purpose of Disbursement DRIVING SERVICES | Category/Type 001 | Transaction ID : SB17.106678 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. ELECTEKUSA | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address PO BOX 23715 | | Amount of Each Disbursement this Period 2399.60 |
| City CHAGRIN FALLS | State OH Zip Code 44023 | |
| Purpose of Disbursement SOFTWARE | Category/Type 001 | Transaction ID : SB17.105344 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2999.60 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 252 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. ELECTEKUSA | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2014 |
| Mailing Address PO BOX 23715 | | Amount of Each Disbursement this Period 2436.48 Transaction ID : SB17.105730 |
| 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. ELECTEKUSA | | Date of Disbursement MM / DD / YYYY 03 / 11 / 2014 |
| Mailing Address PO BOX 23715 | | Amount of Each Disbursement this Period 2382.88 Transaction ID : SB17.106103 |
| 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. EPIPHANY PRODUCTIONS | | Date of Disbursement MM / DD / YYYY 01 / 04 / 2014 |
| Mailing Address 104 HUME AVE | | Amount of Each Disbursement this Period 1968.14 Transaction ID : SB17.105345 |
| 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 6787.50 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 253 OF 303 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. THE BENJAMIN HOTEL | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 | | |
| Mailing Address 125 EAST 50TH STREET | | | Amount of Each Disbursement this Period 1556.94 | | |
| City NEW YORK | State NY | Zip Code 10022 | Transaction ID : SB17.105347 | | |
| 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: | | | | |

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|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. DOS CAMINOS | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 | | |
| Mailing Address 373 PARK AVENUE S | | | Amount of Each Disbursement this Period 160.38 | | |
| City NEW YORK | State NY | Zip Code 10016 | Transaction ID : SB17.105348 | | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | [MEMO ITEM] | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: | District: | | | | |

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|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. AMTRAK | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 | | |
| Mailing Address 400 N CAPITOL STREET NW | | | Amount of Each Disbursement this Period 79.00 | | |
| City WASHINGTON | State DC | Zip Code 20001 | Transaction ID : SB17.105349 | | |
| Purpose of Disbursement TRAIN FARE | | 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: | | | | |

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| 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 254 OF 303 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. FEDEX | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address PO BOX 371461 | | Amount of Each Disbursement this Period 34.05 |
| City PITTSBURGH | State PA | |
| Zip Code 15250 | Purpose of Disbursement SHIPPING | Transaction ID : SB17.105350 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. WHOLE FOODS MARKET | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 4420 WILLARD AVE. | | Amount of Each Disbursement this Period 78.52 |
| City CHEVY CHASE | State MD | |
| Zip Code 20815 | Purpose of Disbursement EVENT CATERING | Transaction ID : SB17.105351 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. EPIPHANY PRODUCTIONS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 104 HUME AVE | | Amount of Each Disbursement this Period 5000.00 |
| City ALEXANDRIA | State VA | |
| Zip Code 22301 | Purpose of Disbursement FUNDRAISING CONSULTING | Transaction ID : SB17.106683 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5000.00 |
| 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 255 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. EPIPHANY PRODUCTIONS | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 | |
| Mailing Address 104 HUME AVE | | | Amount of Each Disbursement this Period 54.85 | |
| City ALEXANDRIA | State VA | Zip Code 22301 | Transaction ID : SB17.105731 | |
| 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. FEDEX | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 | |
| Mailing Address PO BOX 371461 | | | Amount of Each Disbursement this Period 54.85 | |
| City PITTSBURGH | State PA | Zip Code 15250 | Transaction ID : SB17.105732 | |
| Purpose of Disbursement SHIPPING | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. EPIPHANY PRODUCTIONS | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 | |
| Mailing Address 104 HUME AVE | | | Amount of Each Disbursement this Period 5000.00 | |
| City ALEXANDRIA | State VA | Zip Code 22301 | Transaction ID : SB17.105733 | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5054.85 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 256 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. EPIPHANY PRODUCTIONS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 104 HUME AVE | | Amount of Each Disbursement this Period 609.78 |
| City ALEXANDRIA | State VA Zip Code 22301 | |
| Purpose of Disbursement SEE BELOW | Candidate Name | Transaction ID : SB17.105970 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. FEDEX | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address PO BOX 371461 | | Amount of Each Disbursement this Period 35.78 |
| City PITTSBURGH | State PA Zip Code 15250 | |
| Purpose of Disbursement SHIPPING | Candidate Name | Transaction ID : SB17.105972 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 525 ALLEGHENY STREET | | Amount of Each Disbursement this Period 294.00 |
| City HOLLIDAYSBURG | State PA Zip Code 16648 | |
| Purpose of Disbursement POSTAGE | Candidate Name | Transaction ID : SB17.105973 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 609.78 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 257 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. AMTRAK | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 400 N CAPITOL STREET NW | | Amount of Each Disbursement this Period 280.00 |
| City WASHINGTON | State DC | |
| Zip Code 20001 | Purpose of Disbursement TRAIN FARE | Transaction ID : SB17.105974 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. EPIPHANY PRODUCTIONS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 104 HUME AVE | | Amount of Each Disbursement this Period 5000.00 |
| City ALEXANDRIA | State VA | |
| Zip Code 22301 | Purpose of Disbursement FUNDRAISING CONSULTING | Transaction ID : SB17.106681 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. EPIPHANY PRODUCTIONS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 104 HUME AVE | | Amount of Each Disbursement this Period 7496.36 |
| City ALEXANDRIA | State VA | |
| Zip Code 22301 | Purpose of Disbursement SEE BELOW | Transaction ID : SB17.106104 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 12496.36 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 258 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. HILTON HOTEL | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 1870 GRIFFIN ROAD | | Amount of Each Disbursement this Period 1963.05 |
| City DANIA State FL Zip Code 33004 | Purpose of Disbursement LODGING 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106105 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address PO BOX 619612 MD 2400 | | Amount of Each Disbursement this Period 1209.00 |
| City DALLAS State TX Zip Code 75261 | Purpose of Disbursement AIRFARE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106106 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. UNITED AIRLINES | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 1200 E ALGONQUIN ROAD | | Amount of Each Disbursement this Period 3780.50 |
| City ELK GROVE VILLAGE State IL Zip Code 60007 | Purpose of Disbursement AIRFARE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106107 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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| 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 259 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. HOMEWOOD SUITES | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 98 CALLE DEL NORTE | | Amount of Each Disbursement this Period 543.81 |
| City LAREDO State TX Zip Code 78041 | Purpose of Disbursement LODGING 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106108 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. FAST INK SCREEN PRINTING | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 17 S. MAIN ST. | | Amount of Each Disbursement this Period 4056.81 |
| City MERCERSBURG State PA Zip Code 17236 | Purpose of Disbursement T-SHIRTS 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106113 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. FIRST COMMONWEALTH BANK | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address CREDIT CARD DEPT PO BOX 0537 | | Amount of Each Disbursement this Period 92.45 |
| City INDIANA State PA Zip Code 15701 | Purpose of Disbursement SEE BELOW 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.105737 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4149.26 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 260 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. WOK N ROLL | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 604 H ST. NW | | Amount of Each Disbursement this Period 32.45 |
| City WASHINGTON | State DC | |
| Zip Code 20001 | Purpose of Disbursement MEETING EXPENSE | Transaction ID : SB17.105738 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. BIRD'S NEST | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 113 S. RICHARD ST. | | Amount of Each Disbursement this Period 60.00 |
| City BEDFORD | State PA | |
| Zip Code 15522 | Purpose of Disbursement MEETING EXPENSE | Transaction ID : SB17.105739 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. FIRST COMMONWEALTH BANK | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address CREDIT CARD DEPT PO BOX 0537 | | Amount of Each Disbursement this Period 70.26 |
| City INDIANA | State PA | |
| Zip Code 15701 | Purpose of Disbursement SEE BELOW | Transaction ID : SB17.105758 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 70.26 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 261 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. WALMART STORES INC. PAC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 702 8TH ST SW | | Amount of Each Disbursement this Period 14.57 |
| City BENTONVILLE State AR Zip Code 72716 | Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type | |
| Candidate Name WALMART STORES INC. PAC | | Transaction ID : SB17.106684 [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: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. MAIN MOON | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 209 ALLEGHENY STREET | | Amount of Each Disbursement this Period 24.35 |
| City HOLLIDAYSBURG State PA Zip Code 16648 | Purpose of Disbursement MEETING EXPENSE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106685 [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: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. THE OLIVE GARDEN | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 3315 PLEASANT VALLEY BLVD | | Amount of Each Disbursement this Period 31.34 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement MEETING EXPENSE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106686 [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: | | |

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| 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 262 OF 303 | |
| | <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) A. FIRST COMMONWEALTH BANK | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address CREDIT CARD DEPT PO BOX 0537 | | Amount of Each Disbursement this Period 1.76 |
| City INDIANA State PA Zip Code 15701 | Purpose of Disbursement NO ITEMIZATION NECESSARY Category/Type 001 | |
| Candidate Name | | Transaction ID : SB17.105880 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. FIRST COMMONWEALTH BANK | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address CREDIT CARD DEPT PO BOX 0537 | | Amount of Each Disbursement this Period 408.51 |
| City INDIANA State PA Zip Code 15701 | Purpose of Disbursement SEE BELOW Category/Type 001 | |
| Candidate Name | | Transaction ID : SB17.105883 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. SHEETZ INC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 5700 SIXTH AVENUE | | Amount of Each Disbursement this Period 38.90 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement FUEL Category/Type 001 | |
| Candidate Name | | Transaction ID : SB17.105884 [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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 410.27 |
| 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 263 OF 303 | | | |
| | <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) A. USPS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 525 ALLEGHENY STREET | | Amount of Each Disbursement this Period 368.00 |
| City HOLLIDAYSBURG | State PA | |
| Zip Code 16648 | Purpose of Disbursement POSTAGE | Transaction ID : SB17.105885 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. FIRST COMMONWEALTH BANK | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014 |
| Mailing Address CREDIT CARD DEPT PO BOX 0537 | | Amount of Each Disbursement this Period 5.52 |
| City INDIANA | State PA | |
| Zip Code 15701 | Purpose of Disbursement NO ITEMIZATION NECESSARY | Transaction ID : SB17.106219 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. FIRST COMMONWEALTH BANK | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014 |
| Mailing Address CREDIT CARD DEPT PO BOX 0537 | | Amount of Each Disbursement this Period 2398.42 |
| City INDIANA | State PA | |
| Zip Code 15701 | Purpose of Disbursement SEE BELOW | Transaction ID : SB17.106224 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2403.94 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 264 OF 303 | | | |
| | <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) A. SHEETZ INC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014 |
| Mailing Address 5700 SIXTH AVENUE | | Amount of Each Disbursement this Period 205.19 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement FUEL | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.106225 [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. ALTOONA MIRROR | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014 |
| Mailing Address PO BOX 2008 301 CAYUGA AVE | | Amount of Each Disbursement this Period 97.50 |
| City ALTOONA State PA Zip Code 16603 | Purpose of Disbursement ADVERTISING | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.106226 [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: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. VERIZON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014 |
| Mailing Address PO BOX 15026 | | Amount of Each Disbursement this Period 625.89 |
| City ALBANY State NY Zip Code 12212 | Purpose of Disbursement CELL PHONE | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.106227 [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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 265 OF 303 | |
| | <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) A. STAPLES | | Date of Disbursement MM / DD / YYYY 03 / 22 / 2014 |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | Amount of Each Disbursement this Period 890.44 |
| City ALTOONA | State PA Zip Code 16602 | |
| Purpose of Disbursement OFFICE EQUIPMENT | Category/Type 001 | Transaction ID : SB17.106229 [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. BEDFORD GAZETTE | | Date of Disbursement MM / DD / YYYY 03 / 22 / 2014 |
| Mailing Address PO BOX 671 | | Amount of Each Disbursement this Period 64.99 |
| City BEDFORD | State PA Zip Code 15522 | |
| Purpose of Disbursement ADVERTISING | Category/Type 001 | Transaction ID : SB17.106230 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. ENTERPRISE RENT-A-CAR | | Date of Disbursement MM / DD / YYYY 03 / 22 / 2014 |
| Mailing Address 1525 KENWOOD AVENUE | | Amount of Each Disbursement this Period 212.72 |
| City ALEXANDRIA | State VA Zip Code 22302 | |
| Purpose of Disbursement CAR RENTAL | Category/Type 001 | Transaction ID : SB17.106231 [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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 266 OF 303 | |
| | <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) A. SUNOCO | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014 |
| Mailing Address 1700 SEVENTH AVENUE | | Amount of Each Disbursement this Period 83.96 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement FUEL 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106232 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. GET GO | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014 |
| Mailing Address 200 SOPHIA DRIVE | | Amount of Each Disbursement this Period 23.49 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement FUEL 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106233 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. TWITTER | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014 |
| Mailing Address 1355 MARKET STREET | | Amount of Each Disbursement this Period 83.69 |
| City SAN FRANCISCO State CA Zip Code 94103 | Purpose of Disbursement ADVERTISING 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106234 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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| 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 267 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. FLS CONNECT | | Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014 |
| Mailing Address 7300 HUDSON BLVD STE. 270 | | Amount of Each Disbursement this Period 15675.10 Transaction ID : SB17.105982 |
| City SAINT PAUL State MN Zip Code 55128 | Purpose of Disbursement ROBO CALLS 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: | | |

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| Full Name (Last, First, Middle Initial) B. FRANKLIN CO REPUBLICAN COMMITTEE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address SUITE 293 SOUTH GATE MALL | | Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.105740 |
| City CHAMBERSBURG State PA Zip Code 17201 | Purpose of Disbursement MEMBERSHIP DUES 001 Category/Type | |
| Candidate Name FRANKLIN CO REPUBLICAN COMMITTEE | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. FRANKLIN CO REPUBLICAN COMMITTEE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address SUITE 293 SOUTH GATE MALL | | Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.105759 |
| City CHAMBERSBURG State PA Zip Code 17201 | Purpose of Disbursement OFFICE RENT 001 Category/Type | |
| Candidate Name FRANKLIN CO REPUBLICAN COMMITTEE | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 16575.10 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 268 OF 303 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. FRANKLIN CO REPUBLICAN COMMITTEE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address SUITE 293 SOUTH GATE MALL | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.105981 |
| City CHAMBERSBURG State PA Zip Code 17201 | Purpose of Disbursement OFFICE RENT 001 Category/Type | |
| Candidate Name FRANKLIN CO REPUBLICAN COMMITTEE | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. FRANKLIN FIRE COMPANY | | Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014 |
| Mailing Address 158 WEST KING STREET | | Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.105686 |
| City CHAMBERSBURG State PA Zip Code 17201 | Purpose of Disbursement EVENT CATERING 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. GYPSIE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 21 NORTH MAIN STREET | | Amount of Each Disbursement this Period 53.00 Transaction ID : SB17.106114 |
| City CHAMBERSBURG State PA Zip Code 17201 | Purpose of Disbursement GIFT BASKET 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 503.00 |
| 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 269 OF 303 | |
| | <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) A. HOLLIDAY REAL ESTATE, LLC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014 |
| Mailing Address 316 NEWRY STREET | | Amount of Each Disbursement this Period 1295.00 Transaction ID : SB17.105251 |
| City HOLLIDAYSBURG | State PA | |
| Zip Code 16648 | Purpose of Disbursement OFFICE RENT | 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. HOLLIDAY REAL ESTATE, LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014 |
| Mailing Address 316 NEWRY STREET | | Amount of Each Disbursement this Period 1295.00 Transaction ID : SB17.105714 |
| City HOLLIDAYSBURG | State PA | |
| Zip Code 16648 | Purpose of Disbursement OFFICE RENT | 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. HOLLIDAY REAL ESTATE, LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 316 NEWRY STREET | | Amount of Each Disbursement this Period 1295.00 Transaction ID : SB17.105980 |
| City HOLLIDAYSBURG | State PA | |
| Zip Code 16648 | Purpose of Disbursement OFFICE RENT | 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3885.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 270 OF 303 | |
| | <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) A. HUNTINGDON COUNTY GOP | | Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014 |
| Mailing Address PO BOX 61 | | Amount of Each Disbursement this Period 3622.78 Transaction ID : SB17.105961 |
| City HUNTINGDON | State PA | |
| Zip Code 16652 | 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: | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) B. JAFFA CIRCUS ADVERTISING | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address PO BOX 1984 | | Amount of Each Disbursement this Period 175.00 Transaction ID : SB17.106115 |
| City ALTOONA | State PA | |
| Zip Code 16603 | Purpose of Disbursement ADVERTISING | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. JHZ CONSULTING | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014 |
| Mailing Address PO BOX 412 | | Amount of Each Disbursement this Period 3322.78 Transaction ID : SB17.105652 |
| City HARRISBURG | State PA | |
| Zip Code 17108 | Purpose of Disbursement SEE BELOW | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3622.78 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 271 OF 303 | |
| | <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) A. HILTON HARRISBURG AND TOWERS | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014 | |
| Mailing Address ONE NORTH SECOND STREET | | | Amount of Each Disbursement this Period 1767.00 | |
| City HARRISBURG | State PA | Zip Code 17101 | Transaction ID : SB17.105654 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. FEDEX | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014 | |
| Mailing Address PO BOX 371461 | | | Amount of Each Disbursement this Period 146.76 | |
| City PITTSBURGH | State PA | Zip Code 15250 | Transaction ID : SB17.105655 | |
| Purpose of Disbursement SHIPPING | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. THE WESTIN | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014 | |
| Mailing Address 1114 WASHINGTON BOULEVARD | | | Amount of Each Disbursement this Period 1134.16 | |
| City DETROIT | State MI | Zip Code 48226 | Transaction ID : SB17.105656 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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| 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 272 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. JHZ CONSULTING | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014 |
| Mailing Address PO BOX 412 | | Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.106687 |
| City HARRISBURG | State PA | |
| Zip Code 17108 | Purpose of Disbursement FUNDRAISING CONSULTING | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. JHZ CONSULTING | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address PO BOX 412 | | Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.105741 |
| City HARRISBURG | State PA | |
| Zip Code 17108 | Purpose of Disbursement FUNDRAISING CONSULTING | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. JHZ CONSULTING | | Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014 |
| Mailing Address PO BOX 412 | | Amount of Each Disbursement this Period 7000.00 Transaction ID : SB17.105762 |
| City HARRISBURG | State PA | |
| Zip Code 17108 | Purpose of Disbursement FUNDRAISING CONSULTING | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 15000.00 |
| 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 273 OF 303 | |
| | <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) A. JHZ CONSULTING | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address PO BOX 412 | | Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.106117 |
| City HARRISBURG | State PA | |
| Zip Code 17108 | Purpose of Disbursement FUNDRAISING CONSULTING | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) B. MR. SEAN JOYCE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 1301 ALLEGHENY STREET | | Amount of Each Disbursement this Period 425.88 Transaction ID : SB17.105357 |
| 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. MR. SEAN JOYCE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 1301 ALLEGHENY STREET | | Amount of Each Disbursement this Period 71.12 Transaction ID : SB17.105358 [MEMO ITEM] |
| 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4425.88 |
| 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 274 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. MEINEKE CAR CARE CENTER | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 | |
| Mailing Address 304 S. LOGAN BLVD | | | Amount of Each Disbursement this Period 97.21 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.105359 | |
| Purpose of Disbursement CAR MAINTENANCE | | 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. AMTRAK | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 | |
| Mailing Address 400 N CAPITOL STREET NW | | | Amount of Each Disbursement this Period 152.00 | |
| City WASHINGTON | State DC | Zip Code 20001 | Transaction ID : SB17.105360 | |
| Purpose of Disbursement TRAIN FARE | | 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. EATALY | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 | |
| Mailing Address 200 5TH AVENUE | | | Amount of Each Disbursement this Period 19.05 | |
| City NEW YORK | State NY | Zip Code 10010 | Transaction ID : SB17.105361 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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| 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 275 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. BIRD'S NEST | | Date of Disbursement MM / DD / YYYY 01 / 04 / 2014 |
| Mailing Address 113 S. RICHARD ST. | | Amount of Each Disbursement this Period 96.19 |
| City BEDFORD | State PA | |
| Zip Code 15522 | Purpose of Disbursement MEETING EXPENSE | Transaction ID : SB17.105362 |
| 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: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. MR. SEAN JOYCE | | Date of Disbursement MM / DD / YYYY 01 / 07 / 2014 |
| Mailing Address 1301 ALLEGHENY STREET | | Amount of Each Disbursement this Period 96.19 |
| City HOLLIDAYSBURG | State PA | |
| Zip Code 16648 | Purpose of Disbursement SEE BELOW | Transaction ID : SB17.105433 |
| 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: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. CHAMBERSBURG FAMILY DINER | | Date of Disbursement MM / DD / YYYY 01 / 07 / 2014 |
| Mailing Address 1110 LINCOLN HIGHWAY EAST | | Amount of Each Disbursement this Period 96.19 |
| City CHAMBERSBURG | State PA | |
| Zip Code 17201 | Purpose of Disbursement MEETING EXPENSE | Transaction ID : SB17.105434 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 96.19 |
| 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 276 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. MR. SEAN JOYCE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014 |
| Mailing Address 1301 ALLEGHENY STREET | | Amount of Each Disbursement this Period 45.12 Transaction ID : SB17.105658 |
| 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. EXXON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014 |
| Mailing Address 542 SOUTH CENTER STREET | | Amount of Each Disbursement this Period 45.12 Transaction ID : SB17.105659 [MEMO ITEM] |
| City EBENSBURG | State PA | |
| Zip Code 15931 | Purpose of Disbursement FUEL | 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. MR. SEAN JOYCE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014 |
| Mailing Address 1301 ALLEGHENY STREET | | Amount of Each Disbursement this Period 4578.79 Transaction ID : SB17.105705 |
| City HOLLIDAYSBURG | State PA | |
| Zip Code 16648 | 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4623.91 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 277 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. MR. SEAN JOYCE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 1301 ALLEGHENY STREET | | Amount of Each Disbursement this Period 965.95 Transaction ID : SB17.105751 |
| 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. THE DREAM RESTAURANT | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 1500 ALLEGHENY STREET | | Amount of Each Disbursement this Period 47.22 Transaction ID : SB17.105752 [MEMO ITEM] |
| City HOLLIDAYSBURG | State PA | |
| Zip Code 16648 | Purpose of Disbursement MEETING EXPENSE | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) C. MR. SEAN JOYCE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 1301 ALLEGHENY STREET | | Amount of Each Disbursement this Period 856.13 Transaction ID : SB17.105753 [MEMO ITEM] |
| 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 965.95 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 278 OF 303 | |
| | <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) A. MR. SEAN JOYCE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014 |
| Mailing Address 1301 ALLEGHENY STREET | | Amount of Each Disbursement this Period 4578.79 Transaction ID : SB17.105928 |
| City HOLLIDAYSBURG | State PA | |
| Zip Code 16648 | 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. MR. SEAN JOYCE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 1301 ALLEGHENY STREET | | Amount of Each Disbursement this Period 1332.24 Transaction ID : SB17.106126 |
| 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. MR. SEAN JOYCE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 1301 ALLEGHENY STREET | | Amount of Each Disbursement this Period 4578.79 Transaction ID : SB17.106241 |
| City HOLLIDAYSBURG | State PA | |
| Zip Code 16648 | 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 10489.82 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 279 OF 303 | |
| | <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) A. KIWANIS CLUB OF ALTOONA | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address PO BOX 419 | | | Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.105743 |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | |
| Purpose of Disbursement EVENT TICKETS | Category/ Type 001 | | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

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|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial) B. LAW PUBLICATIONS | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014 |
| Mailing Address 15000 EAST BELTWOOD PARKWAY | | | Amount of Each Disbursement this Period 599.00 Transaction ID : SB17.106267 |
| City ADDISON | State TX | Zip Code 75001 | |
| Purpose of Disbursement ADVERTISING | Category/ Type 001 | | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

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|--|--|-------------------|---|
| Full Name (Last, First, Middle Initial) C. SEAN MCCORT | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014 |
| Mailing Address 2213 7TH AVE FLOOR 1 | | | Amount of Each Disbursement this Period 1068.44 Transaction ID : SB17.105541 |
| City ALTOONA | State PA | Zip Code 16602 | |
| Purpose of Disbursement SALARY | Category/ Type 001 | | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1792.44 |
| 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 280 OF 303 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. SEAN MCCORT | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014 | |
| Mailing Address 2213 7TH AVE FLOOR 1 | | | Amount of Each Disbursement this Period 2003.10 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.105706 | |
| 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. SEAN MCCORT | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 | |
| Mailing Address 2213 7TH AVE FLOOR 1 | | | Amount of Each Disbursement this Period 904.33 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.105754 | |
| Purpose of Disbursement MILEAGE REIMBURSEMENT | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. SEAN MCCORT | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 | |
| Mailing Address 2213 7TH AVE FLOOR 1 | | | Amount of Each Disbursement this Period 122.81 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.105887 | |
| Purpose of Disbursement MILEAGE REIMBURSEMENT | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3030.24 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 281 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. SEAN MCCORT | | Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014 |
| Mailing Address 2213 7TH AVE FLOOR 1 | | Amount of Each Disbursement this Period 2003.10 Transaction ID : SB17.105929 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement SALARY Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. SEAN MCCORT | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 2213 7TH AVE FLOOR 1 | | Amount of Each Disbursement this Period 889.59 Transaction ID : SB17.106127 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement SEE BELOW Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. SHEETZ INC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 5700 SIXTH AVENUE | | Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.106128 [MEMO ITEM] |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement RV FUEL 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2892.69 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 282 OF 303 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. STAPLES | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address PLANK ROAD/ORCHARD PLAZA | | Amount of Each Disbursement this Period 2003.10 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement HEADSETS | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.106129 [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. SEAN MCCORT | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 2213 7TH AVE FLOOR 1 | | Amount of Each Disbursement this Period 636.35 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement MILEAGE REIMBURSEMENT | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.106130 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. SEAN MCCORT | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 2213 7TH AVE FLOOR 1 | | Amount of Each Disbursement this Period 2003.10 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement SALARY | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.106242 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2003.10 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 283 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. COLIN MCCUNE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 702 N. PIEDMONT ST. | | Amount of Each Disbursement this Period 537.35 Transaction ID : SB17.106100 |
| City ARLINGTON State PA Zip Code 22203 | Purpose of Disbursement MILEAGE REIMBURSEMENT 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. MCGUIREWOODS LLP | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 2001 K STREET NW STE. 400 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.105354 |
| City WASHINGTON State DC Zip Code 20006 | Purpose of Disbursement LEGAL FEES 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. MCGUIREWOODS LLP | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 2001 K STREET NW STE. 400 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.105745 |
| City WASHINGTON State DC Zip Code 20006 | Purpose of Disbursement LEGAL FEES 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2537.35 |
| 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 284 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. MS. JENNIFER MEARKLE | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014 | |
| Mailing Address 3022 BROAD AVE | | | Amount of Each Disbursement this Period 171.18 | |
| City ALTOONA | State PA | Zip Code 16601 | Transaction ID : SB17.105707 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ | District: _____ | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. MS. JENNIFER MEARKLE | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014 | |
| Mailing Address 3022 BROAD AVE | | | Amount of Each Disbursement this Period 171.18 | |
| City ALTOONA | State PA | Zip Code 16601 | Transaction ID : SB17.105930 | |
| Purpose of Disbursement SALARY | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ | District: _____ | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. MS. JENNIFER MEARKLE | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 | |
| Mailing Address 3022 BROAD AVE | | | Amount of Each Disbursement this Period 100.80 | |
| City ALTOONA | State PA | Zip Code 16601 | Transaction ID : SB17.106116 | |
| 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: _____ | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 443.16 |
| 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 285 OF 303 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. MS. JENNIFER MEARKLE | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 | | |
| Mailing Address 3022 BROAD AVE | | | Amount of Each Disbursement this Period 171.18 | | |
| City ALTOONA | State PA | Zip Code 16601 | Transaction ID : SB17.106243 | | |
| 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: | | | | |

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|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. METZ & ASSOCIATES | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014 | | |
| Mailing Address TWO WOODLAND DRIVE | | | Amount of Each Disbursement this Period 450.00 | | |
| City DALLAS | State PA | Zip Code 18612 | Transaction ID : SB17.106220 | | |
| Purpose of Disbursement EVENT CATERING | | 001 Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: | District: | | | | |

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|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. NRA FOUNDATION | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014 | | |
| Mailing Address 298 MORGANTOWN ST. | | | Amount of Each Disbursement this Period 400.00 | | |
| City UNIONTOWN | State PA | Zip Code 15401 | Transaction ID : SB17.106182 | | |
| Purpose of Disbursement EVENT TICKETS | | 001 Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: | District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1021.18 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 286 OF 303 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | | |
|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. O.K. STUCKEY AND SON | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 | | |
| Mailing Address 1800 EIGHTH AVENUE | | | Amount of Each Disbursement this Period 741.00 | | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.105746 | | |
| Purpose of Disbursement PRINTING | | 001 Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. O.K. STUCKEY AND SON | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014 | | |
| Mailing Address 1800 EIGHTH AVENUE | | | Amount of Each Disbursement this Period 1433.00 | | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.106268 | | |
| Purpose of Disbursement PRINTING | | 001 Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. OLSEN + COMPANY | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 | | |
| Mailing Address 1609 SHOAL CREEK BLVD. STE. 203 | | | Amount of Each Disbursement this Period 8158.35 | | |
| City AUSTIN | State TX | Zip Code 78701 | Transaction ID : SB17.105355 | | |
| Purpose of Disbursement DIRECT MAIL SERVICES | | 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 10332.35 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 287 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. ROGER OSBAUGH | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205 | | Amount of Each Disbursement this Period 52.22 |
| City WAYNESBORO State PA Zip Code 17268 | Purpose of Disbursement MILEAGE REIMBURSEMENT | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.105356 |
| Office Sought: <input type="checkbox"/> House <input 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. ROGER OSBAUGH | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205 | | Amount of Each Disbursement this Period 47.71 |
| City WAYNESBORO State PA Zip Code 17268 | Purpose of Disbursement MILEAGE REIMBURSEMENT | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.105750 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. ROGER OSBAUGH | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205 | | Amount of Each Disbursement this Period 42.23 |
| City WAYNESBORO State PA Zip Code 17268 | Purpose of Disbursement MILEAGE REIMBURSEMENT | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.105976 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 142.16 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 288 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. ROGER OSBAUGH | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205 | | Amount of Each Disbursement this Period 19.99 Transaction ID : SB17.106125 |
| City WAYNESBORO State PA Zip Code 17268 | 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. ROGER OSBAUGH | | Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014 |
| Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205 | | Amount of Each Disbursement this Period 32.23 Transaction ID : SB17.106270 |
| City WAYNESBORO State PA Zip Code 17268 | 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) C. PETTY CASH | | Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014 |
| Mailing Address PO BOX 27 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.105664 |
| City HOLLIDAYSBURG State PA Zip Code 16648 | Purpose of Disbursement PETTY CASH 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1052.22 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 289 OF 303 | |
| | <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) A. PIRYX | | Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014 |
| Mailing Address 144 2ND ST. 1ST FLOOR | | Amount of Each Disbursement this Period 56.25 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES | Transaction ID : SB17.105689 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. PIRYX | | Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014 |
| Mailing Address 144 2ND ST. 1ST FLOOR | | Amount of Each Disbursement this Period 29.93 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES | Transaction ID : SB17.105690 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. PIRYX | | Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014 |
| Mailing Address 144 2ND ST. 1ST FLOOR | | Amount of Each Disbursement this Period 39.47 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES | Transaction ID : SB17.105691 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 125.65 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 290 OF 303 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. PIRYX | | Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014 |
| Mailing Address 144 2ND ST. 1ST FLOOR | | Amount of Each Disbursement this Period 174.15 Transaction ID : SB17.105692 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. PIRYX | | Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014 |
| Mailing Address 144 2ND ST. 1ST FLOOR | | Amount of Each Disbursement this Period 12.38 Transaction ID : SB17.105693 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) C. PIRYX | | Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014 |
| Mailing Address 144 2ND ST. 1ST FLOOR | | Amount of Each Disbursement this Period 157.50 Transaction ID : SB17.105985 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 344.03 |
| 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 291 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. PIRYX | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 |
| Mailing Address 144 2ND ST. 1ST FLOOR | | Amount of Each Disbursement this Period 19931.23 Transaction ID : SB17.105993 |
| City SAN FRANCISCO State CA Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. PIRYX | | Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014 |
| Mailing Address 144 2ND ST. 1ST FLOOR | | Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.106530 |
| City SAN FRANCISCO State CA Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. POOLHOUSE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014 |
| Mailing Address 3126 W. CARY ST. STE. 410 | | Amount of Each Disbursement this Period 19899.98 Transaction ID : SB17.105687 |
| City RICHMOND State VA Zip Code 23221 | 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 19931.23 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 292 OF 303 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. POOLHOUSE | | Date of Disbursement |
| Mailing Address 3126 W. CARY ST. STE. 410 | | M M / D D / Y Y Y Y 03 / 22 / 2014 |
| City RICHMOND | State VA | Zip Code 23221 |
| Purpose of Disbursement ADVERTISING | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 8700.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Transaction ID : SB17.106221 | |

| | | |
|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. PRECIOUS LIFE INC | | Date of Disbursement |
| Mailing Address 1716 12TH AVENUE | | M M / D D / Y Y Y Y 03 / 26 / 2014 |
| City ALTOONA | State PA | Zip Code 16601 |
| Purpose of Disbursement EVENT SPONSORSHIP | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 1000.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Transaction ID : SB17.106269 | |

| | | |
|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) C. RAMADA ALTOONA | | Date of Disbursement |
| Mailing Address 1 SHERATON DRIVE | | M M / D D / Y Y Y Y 02 / 06 / 2014 |
| City ALTOONA | State PA | Zip Code 16601 |
| Purpose of Disbursement EVENT FACILITY RENTAL | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 477.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Transaction ID : SB17.105747 | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 10177.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 293 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. RED MAVERICK MEDIA LLC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014 |
| Mailing Address 401 N. SECOND STREET | | Amount of Each Disbursement this Period 24800.26 Transaction ID : SB17.105657 |
| City HARRISBURG | State PA | |
| Zip Code 17101 | Purpose of Disbursement DIRECT MAIL FUNDRAISING | 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. RED MAVERICK MEDIA LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 401 N. SECOND STREET | | Amount of Each Disbursement this Period 6865.83 Transaction ID : SB17.105748 |
| City HARRISBURG | State PA | |
| Zip Code 17101 | Purpose of Disbursement DIRECT MAIL FUNDRAISING | 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: | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) C. RED MAVERICK MEDIA LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 401 N. SECOND STREET | | Amount of Each Disbursement this Period 32040.25 Transaction ID : SB17.105886 |
| City HARRISBURG | State PA | |
| Zip Code 17101 | Purpose of Disbursement DIRECT MAIL FUNDRAISING | 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 63706.34 |
| 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 294 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. RED MAVERICK MEDIA LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 401 N. SECOND STREET | | Amount of Each Disbursement this Period 7421.20 Transaction ID : SB17.105975 |
| City HARRISBURG | State PA | |
| Zip Code 17101 | Purpose of Disbursement DIRECT MAIL FUNDRAISING | 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. RED MAVERICK MEDIA LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014 |
| Mailing Address 401 N. SECOND STREET | | Amount of Each Disbursement this Period 201868.80 Transaction ID : SB17.106030 |
| City HARRISBURG | State PA | |
| Zip Code 17101 | Purpose of Disbursement MEDIA BUY | 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: | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) C. RED MAVERICK MEDIA LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 401 N. SECOND STREET | | Amount of Each Disbursement this Period 46113.33 Transaction ID : SB17.106124 |
| City HARRISBURG | State PA | |
| Zip Code 17101 | Purpose of Disbursement DIRECT MAIL FUNDRAISING | 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 255403.33 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 295 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. RED MAVERICK MEDIA LLC | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 | |
| Mailing Address 401 N. SECOND STREET | | | Amount of Each Disbursement this Period 20764.20 | |
| City HARRISBURG | State PA | Zip Code 17101 | Transaction ID : SB17.106136 | |
| Purpose of Disbursement MEDIA BUY | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. RED MAVERICK MEDIA LLC | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014 | |
| Mailing Address 401 N. SECOND STREET | | | Amount of Each Disbursement this Period 165505.00 | |
| City HARRISBURG | State PA | Zip Code 17101 | Transaction ID : SB17.106183 | |
| Purpose of Disbursement MEDIA BUY | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. REED, WERTZ & ROADMAN INC. | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014 | |
| Mailing Address PO BOX 640 | | | Amount of Each Disbursement this Period 269.00 | |
| City BEDFORD | State PA | Zip Code 15522 | Transaction ID : SB17.105252 | |
| Purpose of Disbursement INSURANCE | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 186538.20 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 296 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. MATTHEW ROSE | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014 | |
| Mailing Address 1110 POST OAK PLACE | | | Amount of Each Disbursement this Period 2600.00 | |
| City WESTLAKE | State TX | Zip Code 76262 | Transaction ID : SB17.106429 | |
| Purpose of Disbursement IN-KIND:EVENT CATERING | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. LISA ROSE | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014 | |
| Mailing Address 1110 POST OAK PLACE | | | Amount of Each Disbursement this Period 1734.51 | |
| City WESTLAKE | State TX | Zip Code 76262 | Transaction ID : SB17.106432 | |
| Purpose of Disbursement IN-KIND:EVENT CATERING | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. S&T BANK | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014 | |
| Mailing Address 1100 LOGAN BLVD | | | Amount of Each Disbursement this Period 50.00 | |
| City ALTOONA | State PA | Zip Code 16602 | Transaction ID : SB17.105694 | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4384.51 |
| 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 297 OF 303 | |
| | <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) A. S&T BANK | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014 |
| Mailing Address 1100 LOGAN BLVD | | Amount of Each Disbursement this Period 30.00 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement BANK FEES 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.105697 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. S&T BANK | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014 |
| Mailing Address 1100 LOGAN BLVD | | Amount of Each Disbursement this Period 80.00 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement BANK FEES 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.105987 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. S&T BANK | | Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014 |
| Mailing Address 1100 LOGAN BLVD | | Amount of Each Disbursement this Period 80.00 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement BANK FEES 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.106523 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 190.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 298 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. S&T BANK | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014 |
| Mailing Address 1100 LOGAN BLVD | | Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.106526 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement BANK FEES Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. S&T BANK | | Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 1100 LOGAN BLVD | | Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.106236 |
| City ALTOONA State PA Zip Code 16602 | Purpose of Disbursement BANK FEES Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. WILLIAM SHUSTER | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 455 OVERLOOK DR | | Amount of Each Disbursement this Period 50.45 Transaction ID : SB17.105726 |
| City HOLLIDAYSBURG State PA Zip Code 16648 | Purpose of Disbursement EVENT TICKETS(NO ITEMIZATION) Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: PA District: 09 | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 100.45 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 299 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. SILVER BULLET | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014 |
| Mailing Address 101 CONVENTION CENTER DRIVE SUITE 700 | | Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.105338 |
| City LAS VEGAS State NV Zip Code 89109 | Purpose of Disbursement ROBO CALLS 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: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. TOMMY D SMITH | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 114 OAK RIDGE DR. | | Amount of Each Disbursement this Period 232.50 Transaction ID : SB17.106135 |
| City ROARING SPRING State PA Zip Code 16673 | Purpose of Disbursement DRIVING SERVICES 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: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. STATE FARM INSURANCE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 715 LEXINGTON AVENUE | | Amount of Each Disbursement this Period 475.00 Transaction ID : SB17.106131 |
| City ALTOONA State PA Zip Code 16601 | Purpose of Disbursement INSURANCE 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 10707.50 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 300 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. STELTEK GRAPHICS INC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address ONE CORPORATE DRIVE SUITE 105 | | Amount of Each Disbursement this Period 946.00 Transaction ID : SB17.105363 |
| City BEDFORD State PA Zip Code 15522 | Purpose of Disbursement CALENDARS 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: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. STEVE CLARK ADVERTISING | | Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014 |
| Mailing Address 3809 KETTLE ROAD | | Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.105965 |
| City ALTOONA State PA Zip Code 16601 | 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: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. THE KEELEN GROUP | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 11 D STREET SE | | Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.105364 |
| City WASHINGTON State DC Zip Code 20003 | Purpose of Disbursement EVENT CATERING 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2846.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 301 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. THE TARRANCE GROUP, INC. | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 | |
| Mailing Address 201 NORTH UNION STREET SUITE 410 | | | Amount of Each Disbursement this Period 27308.00 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SB17.105888 | |
| Purpose of Disbursement POLLING | | 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: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. TUSCARORA AREA CHAMBER OF COMMERCE | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 | |
| Mailing Address 19 NORTH MAIN STREET PO BOX 161 | | | Amount of Each Disbursement this Period 100.00 | |
| City MERCERSBURG | State PA | Zip Code 17236 | Transaction ID : SB17.105977 | |
| Purpose of Disbursement EVENT SPONSORSHIP | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. USPS | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014 | |
| Mailing Address 525 ALLEGHENY STREET | | | Amount of Each Disbursement this Period 84.00 | |
| City HOLLIDAYSBURG | State PA | Zip Code 16648 | Transaction ID : SB17.105765 | |
| Purpose of Disbursement PO BOX RENEWAL | | 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 27492.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 302 OF 303 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. VERIZON | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address PO BOX 15026 | | Amount of Each Disbursement this Period 1441.51 Transaction ID : SB17.105755 |
| 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: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. VERIZON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address PO BOX 15026 | | Amount of Each Disbursement this Period 1433.25 Transaction ID : SB17.105978 |
| 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: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. VERIZON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014 |
| Mailing Address PO BOX 15026 | | Amount of Each Disbursement this Period 163.23 Transaction ID : SB17.106223 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3037.99 |
| 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 303 OF 303 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. VOMELA SPECILITY COMPANY | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address NW 7033 PO BOX 1450 | | Amount of Each Disbursement this Period 5397.85 |
| City MINNEAPOLIS | State MN | |
| Zip Code 55485 | Purpose of Disbursement WINNEBAGO WRAP | Transaction ID : SB17.105756 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. VOMELA SPECILITY COMPANY | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address NW 7033 PO BOX 1450 | | Amount of Each Disbursement this Period 1500.00 |
| City MINNEAPOLIS | State MN | |
| Zip Code 55485 | Purpose of Disbursement WINNEBAGO WRAP | Transaction ID : SB17.105889 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. | | 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 6897.85 |
| TOTAL This Period (last page this line number only)..... | 842540.19 |