

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 27
 Check if different than previously reported. (ACC)
Hollidaysburg PA 16648

2. **FEC IDENTIFICATION NUMBER** C00364935
CITY STATE ZIP CODE STATE DISTRICT
PA 9
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 07 01 2007 through 09 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Frederick A Ciocca
Signature of Treasurer Electronically Filed by Frederick A Ciocca Date 12 10 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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)).....	72647.42	265442.42
(b) Total Contribution Refunds (from Line 20(d)).....	.00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	72647.42	265442.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	38308.48	243764.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	1823.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	38308.48	241941.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	130961.48	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	37794.23	

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

Write or Type Committee Name
Bill Shuster for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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).....

16967.42

84792.42

(ii) Unitemized.....

8030.00

17350.00

(iii) TOTAL of contributions

24997.42

102142.42

from individuals..... ▶

.00

.00

(b) Political Party Committees.....

47650.00

163300.00

(c) Other Political Committees (such as PACS).....

.00

.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

72647.42

265442.42

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

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

.00

.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

.00

.00

(b) All Other Loans.....

.00

30000.00

(c) TOTAL LOANS

.00

30000.00

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

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

.00

1823.35

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

.00

.00

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

72647.42

297265.77

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	38308.48	243764.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of all Other Loans.....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	.00	.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	.00
21. OTHER DISBURSEMENTS.....	5401.97	14422.97
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	43710.45	258187.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	102024.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	72647.42
25. SUBTOTAL (add Line 23 and Line 24).....	174671.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43710.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	130961.48

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Richard A Alcade

Mailing Address 7442 Old Maple Square

City State Zip Code
Mc Lean VA 22102

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

Name of Employer Potomac Partners DC Occupation Lobbyist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11Ai-CN5722

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs. Madeleine Arison

Mailing Address 9999 Collins Ave
Apt 15-GJ

City State Zip Code
Bal Harbour FL 33154

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

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2007

Transaction ID: SA11Ai-CN5561

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Peggy J Bosma-LaMascus

Mailing Address 120 Kenwood Road

City State Zip Code
Chambersburg PA 17201

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

Name of Employer Patriot Federal Credit Union Occupation President/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1575.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2007

Transaction ID: SA11Ai-CN5626

Amount of Each Receipt this Period
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1575.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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. Harold L Brake		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address 224 Rhondel Drive PO Box 275		Transaction ID: SA11Ai-CN5627	
City State Zip Code Saint Thomas PA 17252		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Charles E Brake Co Inc Retired			
Receipt For: 2008 <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. Julie Chlopecki		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 1547 Evers Drive		Transaction ID: SA11Ai-CN5745	
City State Zip Code Mc Lean VA 22101		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Xenophon Strategies Partner			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Christopher C Cox		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 3106 Russell Rd		Transaction ID: SA11Ai-CN5736	
City State Zip Code Alexandria VA 22305		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Navigators Principal			
Receipt For: 2008 <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) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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 Kenton Curtis

Mailing Address 500 Carousel Court

City Gaithersburg State MD Zip Code 20877

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

Name of Employer Professional Inspection & Testing Serv Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: SA11Ai-CN5652

Amount of Each Receipt this Period
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Donald Devorris

Mailing Address 304 E Ward Avenue

City Altoona State PA Zip Code 16602

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

Name of Employer Blair Electric Services Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: SA11Ai-CN5699

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John T Durbin

Mailing Address 12 Emlyn Lane

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Durbin Associates Inc. Occupation Government & Corporate Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: SA11Ai-CN5641

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Olugbenga Rotimi Erinle

Mailing Address 11328 Bishop Gate Ln

City State Zip Code
Laurel MD 20723

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

Name of Employer Technology Solutions Occupation Vice President/GM

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: SA11Ai-CN5645

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James L Ervin

Mailing Address 116 Queen Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer ETA Inc Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2007

Transaction ID: SA11Ai-CN5564

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James L Ervin

Mailing Address 116 Queen Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer ETA Inc Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11Ai-CN5720

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Harry N Fix

Mailing Address 2356 Majestic Court

City Chambersburg State PA Zip Code 17201

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

Name of Employer Valley Quarries Inc. Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: SA11Ai-CN5649

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Maxine L Gindlesperger

Mailing Address 165 Highfield Ln N

City Chambersburg State PA Zip Code 17201

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

Name of Employer e-lynxx Corporation Occupation COO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1575.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: SA11Ai-CN5655

Amount of Each Receipt this Period
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Christopher K Gleason

Mailing Address PO Box 8

City Johnstown State PA Zip Code 15907

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

Name of Employer The Gleason Group Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3267.42

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2007

Transaction ID: SA11Ai-CN5718

Amount of Each Receipt this Period
967.42

In kind contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

In-Kind Received Catering for luncheon

SUBTOTAL of Receipts This Page (optional) ► 1142.42

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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 L Guzzetti

Mailing Address 1572 King Charles Dr

City State Zip Code
Pittsburgh PA 15237

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

Name of Employer
American Public Transportation Assoc

Occupation
Vice President - Policy

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11Ai-CN5724

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Clayton J Heil

Mailing Address 213 Lee St S

City State Zip Code
Falls Church VA 22046

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

Name of Employer
Ice Miller Strategies LLC

Occupation
Strategic Counsel/Founding Member

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11Ai-CN5723

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. James D Hensler

Mailing Address 2521 C South Walter Reed Dr

City State Zip Code
Arlington VA 22206

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

Name of Employer

Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11Ai-CN5738

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Mr. William Perrault Hollier

Mailing Address 12707 Westbrook Dr

City State Zip Code
Fairfax VA 22030

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

Name of Employer
Hollier And Associates LLC

Occupation
Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2007

Transaction ID: SA11Ai-CN5566

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jacob H Kaufman, Jr

Mailing Address 3469 Troon Dr

City State Zip Code
Chambersburg PA 17201

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

Name of Employer

Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2007

Transaction ID: SA11Ai-CN5650

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John N Kennedy

Mailing Address 2418 2nd St N

City State Zip Code
Harrisburg PA 17110

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

Name of Employer
Kennedy Law Offices PC

Occupation
Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2007

Transaction ID: SA11Ai-CN5572

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
L Robert Kimball

Mailing Address 619 W. Horner Street

City Ebensburg State PA Zip Code 15931

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

Name of Employer L. Robert Kimball & Assoc Inc
Occupation Engineer/President & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2007

Transaction ID: SA11Ai-CN5565

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
L Robert Kimball

Mailing Address 619 W. Horner Street

City Ebensburg State PA Zip Code 15931

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

Name of Employer L. Robert Kimball & Assoc Inc
Occupation Engineer/President & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 23 / 2007

Transaction ID: SA11Ai-CN5570

Amount of Each Receipt this Period
-200.00

Redesignated to 2008 General
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Redesignated

C. Full Name (Last, First, Middle Initial)
L Robert Kimball

Mailing Address 619 W. Horner Street

City Ebensburg State PA Zip Code 15931

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

Name of Employer L. Robert Kimball & Assoc Inc
Occupation Engineer/President & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 23 / 2007

Transaction ID: SA11Ai-CN5571

Amount of Each Receipt this Period
200.00

Redesignated from 2008 Primary
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Redesignation

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
R Jeffrey Kimball

Mailing Address 132 West Highland Avenue

City Ebensburg State PA Zip Code 15931

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

Name of Employer L Robert Kimball and Associates
Occupation President/CFO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11Ai-CN5740

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
P Joseph Lehman, Jr.

Mailing Address 315 Quince Ct

City Hollidaysburg State PA Zip Code 16648

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

Name of Employer P Joseph Lehman Inc Engineers
Occupation President/Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2007

Transaction ID: SA11Ai-CN5608

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ronald M. Little

Mailing Address 175 McKnight Rd

City Blairsville State PA Zip Code 15717

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

Name of Employer North Cambria Fuel
Occupation General Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2007

Transaction ID: SA11Ai-CN5553

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Alan R Loessy

Mailing Address 371 Roland Avenue

City State Zip Code
Chambersburg PA 17201

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

Name of Employer Occupation
Letterkenny Army Depot Public Affairs Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2007

Transaction ID: SA11Ai-CN5628

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
J Scott Massie

Mailing Address 213 South 24th Street

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Occupation
Wienken & Associates Financial Services/Investments

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2007

Transaction ID: SA11Ai-CN5715

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John P McAllister

Mailing Address 3039 Albemarle St NW

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
McAllister & Quinn LLC Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11Ai-CN5725

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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 E McNamee

Mailing Address 525 Gatehouse Lane West

City York State PA Zip Code 17402

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

Name of Employer Buchert & Horn Occupation Consulting Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: SA11Ai-CN5573

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Rosemarie R McNew

Mailing Address 995 Black Gap Road

City Fayetteville State PA Zip Code 17222

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

Name of Employer Professional Inspection & Test Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11Ai-CN5656

Amount of Each Receipt this Period
 150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Steven M Parrett, DDS

Mailing Address 543 Lincoln Way E

City Chambersburg State PA Zip Code 17201

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11Ai-CN5664

Amount of Each Receipt this Period
 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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 W Perry

Mailing Address 3030 Beverly Rd

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Occupation
Nealon Gover & Perry Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2007

Transaction ID: SA11Ai-CN5716

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. 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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1550.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: SA11Ai-CN5653

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
W Greg Rothman

Mailing Address One Gunpowder Road

City State Zip Code
Mechanicsburg PA 17050

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

Name of Employer Occupation
RSR Realty Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 23 / 2007

Transaction ID: SA11Ai-CN5574

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Allison R Shulman

Mailing Address 6407 15th Street

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
Dickstein Shapiro Morin & Oshinsky Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11Ai-CN5743

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Galen G Weaber

Mailing Address 1231 Mt. Wilson Rd

City State Zip Code
Lebanon PA 17042

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

Name of Employer Occupation
Self-Weaber Inc. Hardwood manufacturer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2007

Transaction ID: SA11Ai-CN5556

Amount of Each Receipt this Period
4000.00

1700 to spouse

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Galen G Weaber

Mailing Address 1231 Mt. Wilson Rd

City State Zip Code
Lebanon PA 17042

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

Name of Employer Occupation
Self-Weaber Inc. Hardwood manufacturer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2007

Transaction ID: SA11Ai-CN5558

Amount of Each Receipt this Period
-1700.00

Reattributed to Patricia Weaber

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Reattributed

SUBTOTAL of Receipts This Page (optional) ▶ **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
Patricia A Weaber

Mailing Address 1231 Mt. Wilson Rd

City State Zip Code
Lebanon PA 17042

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

Name of Employer Occupation
None Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1700.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2007

Transaction ID: SA11Ai-CN5559

Amount of Each Receipt this Period
1700.00

Reattributed from Galen Weaber
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Reattribution

B. Full Name (Last, First, Middle Initial)
J Joseph Zimmerman

Mailing Address 2257 Castlegreen Dr

City State Zip Code
Greencastle PA 17225

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

Name of Employer Occupation
Valley Quarries Inc Executive Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1050.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2007

Transaction ID: SA11Ai-CN5651

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	16967.42

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Citizens For Cober

Full Name (Last, First, Middle Initial)
Mailing Address 242 Barron Road

City Somerset State PA Zip Code 15501

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: SA11C-CN5704

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Dealers Election Action

Full Name (Last, First, Middle Initial)
Mailing Address 8400 Westpark Drive

City Mc Lean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11C-CN5728

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Geist For Assembly

Full Name (Last, First, Middle Initial)
Mailing Address 1100 27th Avenue

City Altoona State PA Zip Code 16601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 23 / 2007

Transaction ID: SA11C-CN5616

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 67
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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

Mailing Address 2941 Fairview Park Drive
Suite 100

City Falls Church State VA Zip Code 22042

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

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: SA11C-CN5575

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Stern For Assembly

Mailing Address 412 Union Street

City Hollidaysburg State PA Zip Code 16648

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: SA11C-CN5611

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Committee To Elect Jimmy Marker

Mailing Address 110 JC Lane

City Rockwood State PA Zip Code 15557

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11C-CN5703

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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. ACRE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 4301 Wilson Boulevard		Transaction ID: SA11C-CN5726
City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00002972	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
2000.00		

Full Name (Last, First, Middle Initial) B. Air Line Pilots Association		Date of Receipt M M / D D / Y Y Y Y Y 07 / 02 / 2007
Mailing Address 1625 Massachusetts Avenue NW		Transaction ID: SA11C-CN5554
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00035451	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
5000.00		

Full Name (Last, First, Middle Initial) C. Aircraft Owners Pilots Association		Date of Receipt M M / D D / Y Y Y Y Y 08 / 23 / 2007
Mailing Address 421 Aviation Way		Transaction ID: SA11C-CN5577
City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00131185	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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. American Hospital Association		Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 / 2007
Mailing Address 325 Seventh Street NW		Transaction ID: SA11C-CN5569
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C C00106146	Amount of Each Receipt this Period 2000.00
Name of Employer none Occupation none	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. American Hospital Association		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 325 Seventh Street NW		Transaction ID: SA11C-CN5731
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C C00106146	Amount of Each Receipt this Period 1000.00
Name of Employer none Occupation none	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. American Maritime Officers Voluntary		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 2 West Dixie Highway		Transaction ID: SA11C-CN5729
City Dania State FL Zip Code 33004	FEC ID number of contributing federal political committee. C C00027532	Amount of Each Receipt this Period 1000.00
Name of Employer None Occupation None	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. American Sugarbeet Growers Assoc

Full Name (Last, First, Middle Initial)
Mailing Address 1156 15th St NW
Suite 1101

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167684

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11C-CN5727

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Associated General Contractors

Full Name (Last, First, Middle Initial)
Mailing Address 53 D St SE

City Washington State DC Zip Code 20001

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

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2007

Transaction ID: SA11C-CN5643

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. AT&T Inc

Full Name (Last, First, Middle Initial)
Mailing Address 175 Houston-Room 7-A-50 E

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2007

Transaction ID: SA11C-CN5560

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 67
(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)
AT&T Inc
Mailing Address 175 Houston-Room 7-A-50 E
City San Antonio State TX Zip Code 78205
FEC ID number of contributing federal political committee. **C** C00109017
Name of Employer None Occupation None
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2007
Transaction ID: SA11C-CN5714
Amount of Each Receipt this Period
2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Automotive Free International Trade
Mailing Address 1625 Prince Street Suite 225
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00250399
Name of Employer none Occupation none
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2007
Transaction ID: SA11C-CN5712
Amount of Each Receipt this Period
5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BAE Systems USA
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 None Occupation None
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007
Transaction ID: SA11C-CN5733
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 8500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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. Comcast Corporation		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 1500 Market Street 33rd Floor East Tower		Transaction ID: SA11C-CN5732
City Philadelphia State PA Zip Code 19102	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00248716		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer none Occupation none	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Cruise Lines International Assoc		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 7
Mailing Address 2111 Wilson Blvd 8th Floor		Transaction ID: SA11C-CN5562
City Arlington State VA Zip Code 22201	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00432393		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation None	Receipt For: 2008 <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) C. Fluor Corporation		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 403 East Capitol Street SE		Transaction ID: SA11C-CN5576
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00034132		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation None	Receipt For: 2008 <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) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: PAGE 26 / 67
(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)
Great Lakes Sugarbeet Growers

Mailing Address 2600 Euclid Ave S

City State Zip Code
Bay City MI 48707

FEC ID number of contributing federal political committee. **C** C00168542

Name of Employer Occupation
None None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2007

Transaction ID: SA11C-CN5713

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jack

Mailing Address PO Box 14

City State Zip Code
Buffalo NY 14205

FEC ID number of contributing federal political committee. **C** C00271171

Name of Employer Occupation
None None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11C-CN5748

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Manitowoc Company Inc

Mailing Address PO Box 1101
1600 Ely Street

City State Zip Code
Marinette WI 54143

FEC ID number of contributing federal political committee. **C** C00287847

Name of Employer Occupation
None None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11C-CN5721

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 27 / 67
	(check only one)	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
MeadWestvaco

Mailing Address 11013 Broad St W

City State Zip Code
Glen Allen VA 23060

FEC ID number of contributing federal political committee. **C** C00065987

Name of Employer none Occupation none

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2007

Transaction ID: SA11C-CN5568

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Community Pharmacists Assoc

Mailing Address 100 Daingerfield Rd

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11C-CN5730

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NSSGA Rock

Mailing Address 1605 King Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: SA11C-CN5755

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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. Owner Operator Independent Drivers		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2007	
Mailing Address 1101 30th Street NW		Transaction ID: SA11C-CN5567	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00236778		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None	Occupation None		
Receipt For: 2008 <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) B. Owner Operator Independent Drivers		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 1101 30th Street NW		Transaction ID: SA11C-CN5749	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00236778		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None	Occupation None		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Railway Supply Institute		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007	
Mailing Address 50 F St NW Suite 7030		Transaction ID: SA11C-CN5642	
City State Zip Code Washington DC 20001		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00261933		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None	Occupation None		
Receipt For: 2008 <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) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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

Mailing Address 430 North Michigan Avenue

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation
None None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2007

Transaction ID: SA11C-CN5555

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Realtors

Mailing Address 430 North Michigan Avenue

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation
None None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2007

Transaction ID: SA11C-CN5719

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
RJ Reynolds

Mailing Address PO Box 718
401 N. Main Street

City State Zip Code
Winston Salem NC 27102

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation
None None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11C-CN5734

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
Turkish Coalition USA

Mailing Address 1025 Connecticut Ave
Suite 1000

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00432526

Name of Employer Occupation
None None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11C-CN5742

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
United Transportation Union

Mailing Address 14600 Detroit Avenue

City State Zip Code
Lakewood OH 44107

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation
None None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: SA11C-CN5756

Amount of Each Receipt this Period
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
United Transportation Union

Mailing Address 14600 Detroit Avenue

City State Zip Code
Lakewood OH 44107

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation
None None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: SA11C-CN5757

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 67
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Wine Spirits Wholesalers Of America

Mailing Address 805 Fifteenth Street NW Suite 430

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
None None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2007

Transaction ID: SA11C-CN5644

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	47650.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. S&T Bank		Transaction ID: SB17-LP69 Date of Disbursement 07 / 16 / 2007
Mailing Address Commercial Lending 208 West Plank Road		Amount of Each Disbursement this Period 213.13
City Altoona	State PA	
Zip Code 16602	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Loan interest Expenditure		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Interest only payment
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. S&T Bank		Transaction ID: SB17-LP70 Date of Disbursement 07 / 27 / 2007
Mailing Address Commercial Lending 208 West Plank Road		Amount of Each Disbursement this Period 226.25
City Altoona	State PA	
Zip Code 16602	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Loan interest Expenditure		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Interest only payment
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. S&T Bank		Transaction ID: SB17-LP71 Date of Disbursement 08 / 24 / 2007
Mailing Address Commercial Lending 208 West Plank Road		Amount of Each Disbursement this Period 213.12
City Altoona	State PA	
Zip Code 16602	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Loan interest Expenditure		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Interest only payment
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)	652.50
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. US Postal Service		Transaction ID: SB17-EX4935 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 525 Allegheny Street		Amount of Each Disbursement this Period 41.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Postage

Full Name (Last, First, Middle Initial) B. US Postal Service		Transaction ID: SB17-EX5018 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 525 Allegheny Street		Amount of Each Disbursement this Period 410.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Postage

Full Name (Last, First, Middle Initial) C. US Postal Service		Transaction ID: SB17-EX5019 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 525 Allegheny Street		Amount of Each Disbursement this Period 164.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Postage

SUBTOTAL of Disbursements This Page (optional) ▶	615.00
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. William Shuster</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 9 Overlook Drive</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17-EX4988</p> <p>Date of Disbursement</p> <p>09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>13.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Travel Expenses</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>002</p>

<p>B. Ciocca Benton & Company P.C.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 912 Pleasant Valley Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17-EX4925</p> <p>Date of Disbursement</p> <p>07 / 16 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>26.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Office Supplies</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>

<p>C. Ciocca Benton & Company P.C.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 912 Pleasant Valley Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement UPS Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17-EX4956</p> <p>Date of Disbursement</p> <p>08 / 09 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>18.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>UPS Charges</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>57.55</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Ciocca Benton & Company P.C.		Transaction ID: SB17-EX4966 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7	
Mailing Address 912 Pleasant Valley Blvd		Amount of Each Disbursement this Period 6202.26	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Accounting Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	Accounting Services	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: SB17-EX4922 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address PO Box 660748		Amount of Each Disbursement this Period 160.26	
City Dallas State TX Zip Code 75266	Purpose of Disbursement Telephone Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	Telephone Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: SB17-EX4953 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7	
Mailing Address PO Box 660748		Amount of Each Disbursement this Period 157.67	
City Dallas State TX Zip Code 75266	Purpose of Disbursement Telephone Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	Telephone Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	6520.19
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: SB17-EX4997 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address PO Box 660748		Amount of Each Disbursement this Period 168.43
City Dallas State TX Zip Code 75266	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expenses Candidate Name	Category/Type 001	Telephone Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sheetz Inc		Transaction ID: SB17-EX4932 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 24.01
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gasoline Candidate Name	Category/Type 001	Gasoline
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sheetz Inc		Transaction ID: SB17-EX5038 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 36.00
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gasoline Candidate Name	Category/Type 001	Gasoline
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	228.44
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Sheetz Inc Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17-EX5039 Date of Disbursement 09 / 30 / 2007 Amount of Each Disbursement this Period 27.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Gasoline
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B. Sheetz Inc Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17-EX5040 Date of Disbursement 09 / 30 / 2007 Amount of Each Disbursement this Period 38.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Gasoline
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C. Sheetz Inc Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17-EX5041 Date of Disbursement 09 / 30 / 2007 Amount of Each Disbursement this Period 20.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Gasoline
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SUBTOTAL of Disbursements This Page (optional) ▶	85.05
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Sheetz Inc		Transaction ID: SB17-EX5042 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 42.46
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gasoline Candidate Name	001 Category/Type	Gasoline
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PA UC Fund		Transaction ID: SB17-EX4940 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address PO Box 68568		Amount of Each Disbursement this Period 32.04
City Harrisburg State PA Zip Code 17106	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name	001 Category/Type	Payroll Taxes
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Dream Restaurant		Transaction ID: SB17-EX4936 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 1500 Allegheny Street		Amount of Each Disbursement this Period 26.22
City Hollidaysburg State PA Zip Code 16648	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses Candidate Name	002 Category/Type	Travel Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	100.72
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. The Dream Restaurant		Transaction ID: SB17-EX5050 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 1500 Allegheny Street		Amount of Each Disbursement this Period 74.70
City Hollidaysburg State PA Zip Code 16648	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: SB17-EX4928 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 328.11
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: SB17-EX4965 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 143.11
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	545.92
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: SB17-EX4998 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 407.93
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: SB17-EX5002 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 516.50
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: SB17-EX5023 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 179.15
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1103.58
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Hilton Harrisburg and Towers		Transaction ID: SB17-EX5047 Date of Disbursement 09 / 30 / 2007
Mailing Address One North Second Street		Amount of Each Disbursement this Period 100.49
City Harrisburg State PA Zip Code 17101	Purpose of Disbursement Solicitation and Fundraising Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Solicitation and Fundraising Expenses

Full Name (Last, First, Middle Initial) B. Hilton Harrisburg and Towers		Transaction ID: SB17-EX5048 Date of Disbursement 09 / 30 / 2007
Mailing Address One North Second Street		Amount of Each Disbursement this Period 1133.65
City Harrisburg State PA Zip Code 17101	Purpose of Disbursement Solicitation and Fundraising Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Solicitation and Fundraising Expenses

Full Name (Last, First, Middle Initial) C. Hilton Harrisburg and Towers		Transaction ID: SB17-EX5057 Date of Disbursement 09 / 30 / 2007
Mailing Address One North Second Street		Amount of Each Disbursement this Period 193.32
City Harrisburg State PA Zip Code 17101	Purpose of Disbursement Lodging Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Lodging

SUBTOTAL of Disbursements This Page (optional) ▶	1427.46
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. The Capital Grille		Transaction ID: SB17-EX4937 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 601 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 441.25
City Washington State DC Zip Code 20004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. The Capital Grille		Transaction ID: SB17-EX5014 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 601 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 275.00
City Washington State DC Zip Code 20004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. The Ben Franklin Society		Transaction ID: SB17-EX4963 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address of Franklin County 293 South Gate Mall		Amount of Each Disbursement this Period 300.00
City Chambersburg State PA Zip Code 17201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 12 month membership dues	Category/Type 001	12 month membership dues
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1016.25
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. IS2 Technologies Inc.		Transaction ID: SB17-EX4923 Date of Disbursement 07 / 16 / 2007
Mailing Address 3018 Pleasant Valley Blvd		Amount of Each Disbursement this Period 50.00
City Altoona State PA Zip Code 16602	Purpose of Disbursement Computer serviced Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Computer serviced

Full Name (Last, First, Middle Initial) B. John Kurtz		Transaction ID: SB17-EX4986 Date of Disbursement 08 / 31 / 2007
Mailing Address 303 Laurel Street		Amount of Each Disbursement this Period 75.00
City Bellwood State PA Zip Code 16617	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses

Full Name (Last, First, Middle Initial) C. Bull Feathers		Transaction ID: SB17-EX4933 Date of Disbursement 07 / 16 / 2007
Mailing Address 410 First Street SE		Amount of Each Disbursement this Period 78.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses

SUBTOTAL of Disbursements This Page (optional) ▶	203.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. O.K. Stuckey And Son		Transaction ID: SB17-EX4991 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 1800 Eighth Avenue		Amount of Each Disbursement this Period 484.95
City Altoona State PA Zip Code 16602	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Supplies

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17-EX4944 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 849.19
City Lehigh Valley State PA Zip Code 18002	Purpose of Disbursement Telephone Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone Expenses

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17-EX4976 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 573.11
City Lehigh Valley State PA Zip Code 18002	Purpose of Disbursement Telephone Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone Expenses

SUBTOTAL of Disbursements This Page (optional) ▶	1907.25
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17-EX5024 Date of Disbursement 09 / 30 / 2007
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 501.98
City Lehigh Valley State PA Zip Code 18002	Purpose of Disbursement Telephone Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone Expenses

Full Name (Last, First, Middle Initial) B. ATLANTIC broadband		Transaction ID: SB17-EX4921 Date of Disbursement 07 / 16 / 2007
Mailing Address Box 371801		Amount of Each Disbursement this Period 104.26
City Pittsburgh State PA Zip Code 15250	Purpose of Disbursement Internet service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Internet service

Full Name (Last, First, Middle Initial) C. ATLANTIC broadband		Transaction ID: SB17-EX4942 Date of Disbursement 07 / 19 / 2007
Mailing Address Box 371801		Amount of Each Disbursement this Period 54.02
City Pittsburgh State PA Zip Code 15250	Purpose of Disbursement Internet service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Internet service

SUBTOTAL of Disbursements This Page (optional) ▶	660.26
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. ATLANTIC broadband		Transaction ID: SB17-EX4973 Date of Disbursement 08 / 05 / 2007
Mailing Address Box 371801		Amount of Each Disbursement this Period 54.02
City Pittsburgh	State Zip Code PA 15250	
Purpose of Disbursement Internet service		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Internet service
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ATLANTIC broadband		Transaction ID: SB17-EX4954 Date of Disbursement 08 / 09 / 2007
Mailing Address Box 371801		Amount of Each Disbursement this Period 104.26
City Pittsburgh	State Zip Code PA 15250	
Purpose of Disbursement Internet service		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Internet service
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ATLANTIC broadband		Transaction ID: SB17-EX4996 Date of Disbursement 09 / 07 / 2007
Mailing Address Box 371801		Amount of Each Disbursement this Period 56.72
City Pittsburgh	State Zip Code PA 15250	
Purpose of Disbursement Internet service		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Internet service
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	215.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. ATLANTIC broadband		Transaction ID: SB17-EX4995 Date of Disbursement 09 / 14 / 2007
Mailing Address Box 371801		Amount of Each Disbursement this Period 109.48
City Pittsburgh	State Zip Code PA 15250	
Purpose of Disbursement Internet service		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Internet service
State: District:	Category/ Type 001	

Full Name (Last, First, Middle Initial) B. CenPenn Realty LLC		Transaction ID: SB17-EX4947 Date of Disbursement 07 / 27 / 2007
Mailing Address 513 Allegheny Street		Amount of Each Disbursement this Period 500.00
City Hollidaysburg	State Zip Code PA 16648	
Purpose of Disbursement August 2007 rent		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	August 2007 rent
State: District:	Category/ Type 001	

Full Name (Last, First, Middle Initial) C. CenPenn Realty LLC		Transaction ID: SB17-EX4981 Date of Disbursement 08 / 24 / 2007
Mailing Address 513 Allegheny Street		Amount of Each Disbursement this Period 500.00
City Hollidaysburg	State Zip Code PA 16648	
Purpose of Disbursement September 2007 rent		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	September 2007 rent
State: District:	Category/ Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶	1109.48
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. The Blairmont Club		Transaction ID: SB17-EX5043 Date of Disbursement 09 / 30 / 2007
Mailing Address 145 Larch Street		Amount of Each Disbursement this Period 72.59
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses

Full Name (Last, First, Middle Initial) B. Jim Frank		Transaction ID: SB17-EX4961 Date of Disbursement 08 / 09 / 2007
Mailing Address 1628 St. Francis Lane		Amount of Each Disbursement this Period 452.32
City Altoona State PA Zip Code 16602	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses

Full Name (Last, First, Middle Initial) C. S&T Bank		Transaction ID: SB17-EX4912 Date of Disbursement 07 / 02 / 2007
Mailing Address 1100 Logan Blvd		Amount of Each Disbursement this Period 25.00
City Altoona State PA Zip Code 16602	Purpose of Disbursement Bank Service Charge Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Bank Service Charge

SUBTOTAL of Disbursements This Page (optional) ▶	549.91
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. S&T Bank		Transaction ID: SB17-EX4967 Date of Disbursement 08 / 01 / 2007	
Mailing Address 1100 Logan Blvd		Amount of Each Disbursement this Period 25.00	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Bank Service Charge Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Service Charge	

Full Name (Last, First, Middle Initial) B. S&T Bank		Transaction ID: SB17-EX4987 Date of Disbursement 09 / 01 / 2007	
Mailing Address 1100 Logan Blvd		Amount of Each Disbursement this Period 25.00	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Bank Service Charge Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Service Charge	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB17-EX4918 Date of Disbursement 07 / 16 / 2007	
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 256.56	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Telephone Expenses Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Telephone Expenses	

SUBTOTAL of Disbursements This Page (optional) ▶	306.56
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Nemacolin Woodlands Resort & Spa		Transaction ID: SB17-EX4939 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 1001 LaFayette Drive		Amount of Each Disbursement this Period 338.14
City Farmington State PA Zip Code 15437	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Nemacolin Woodlands Resort & Spa		Transaction ID: SB17-EX5003 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 1001 LaFayette Drive		Amount of Each Disbursement this Period 89.75
City Farmington State PA Zip Code 15437	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging & Catering for Fundraiser	Category/Type 001	Lodging & Catering for Fundraiser
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Nemacolin Woodlands Resort & Spa		Transaction ID: SB17-EX5020 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 1001 LaFayette Drive		Amount of Each Disbursement this Period 3649.25
City Farmington State PA Zip Code 15437	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Solicitation and Fundraising Expenses	Category/Type 003	Solicitation and Fundraising Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4077.14
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Nemacolin Woodlands Resort & Spa		Transaction ID: SB17-EX5059 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 1001 LaFayette Drive		Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Farmington State PA Zip Code 15437	Purpose of Disbursement Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Fundraising

Full Name (Last, First, Middle Initial) B. e2c consulting Inc.		Transaction ID: SB17-EX4946 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address PO Box 29576		Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20017	Purpose of Disbursement Solitication and Fundraising Expenses Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Solitication and Fundrais- ing Expenses

Full Name (Last, First, Middle Initial) C. e2c consulting Inc.		Transaction ID: SB17-EX4982 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address PO Box 29576		Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20017	Purpose of Disbursement Solitication and Fundraising Expenses Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Solitication and Fundrais- ing Expenses

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Nicole Fedeli-Turiano		Transaction ID: SB17-EX4948 Date of Disbursement 07 / 31 / 2007	
Mailing Address 4 Devon Drive		Amount of Each Disbursement this Period 150.00	
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Salary Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Salary	

Full Name (Last, First, Middle Initial) B. Nicole Fedeli-Turiano		Transaction ID: SB17-EX4964 Date of Disbursement 08 / 09 / 2007	
Mailing Address 4 Devon Drive		Amount of Each Disbursement this Period 4.60	
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Office Supplies Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Office Supplies	

Full Name (Last, First, Middle Initial) C. Nicole Fedeli-Turiano		Transaction ID: SB17-EX4984 Date of Disbursement 08 / 31 / 2007	
Mailing Address 4 Devon Drive		Amount of Each Disbursement this Period 150.00	
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Salary Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Salary	

SUBTOTAL of Disbursements This Page (optional) ▶	304.60
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Nicole Fedeli-Turiano		Transaction ID: SB17-EX5022 Date of Disbursement 09 / 30 / 2007	
Mailing Address 4 Devon Drive		Amount of Each Disbursement this Period 150.00	
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Salary Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Salary	

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Transaction ID: SB17-EX4943 Date of Disbursement 07 / 27 / 2007	
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 218.86	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Telephone Expenses Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone Expenses	

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Transaction ID: SB17-EX4975 Date of Disbursement 08 / 24 / 2007	
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 133.49	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Telephone Expenses Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone Expenses	

SUBTOTAL of Disbursements This Page (optional) ▶	502.35
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Bedford Springs Resort		Transaction ID: SB17-EX5005 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address ATTN: Accounts Receivable PO Box 639		Amount of Each Disbursement this Period 354.00
City Bedford	State Zip Code PA 15522	
Purpose of Disbursement Travel Expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses
State: District:		

Full Name (Last, First, Middle Initial) B. Bedford Springs Resort		Transaction ID: SB17-EX5006 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address ATTN: Accounts Receivable PO Box 639		Amount of Each Disbursement this Period 57.61
City Bedford	State Zip Code PA 15522	
Purpose of Disbursement Travel Expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses
State: District:		

Full Name (Last, First, Middle Initial) C. Bedford Springs Resort		Transaction ID: SB17-EX5007 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address ATTN: Accounts Receivable PO Box 639		Amount of Each Disbursement this Period 68.00
City Bedford	State Zip Code PA 15522	
Purpose of Disbursement Travel Expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	479.61
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Givanni's		Transaction ID: SB17-EX5010 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 109 E. College Street		Amount of Each Disbursement this Period 290.00
City Iowa City State IA Zip Code 52240	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses

Full Name (Last, First, Middle Initial) B. Fiore Chrysler Jeep		Transaction ID: SB17-EX5045 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address Rte 36 Logan Blvd		Amount of Each Disbursement this Period 286.87
City Altoona State PA Zip Code 16602	Purpose of Disbursement Vehicle Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Vehicle Expenses

Full Name (Last, First, Middle Initial) C. Hook		Transaction ID: SB17-EX5058 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 3241 M Street NW		Amount of Each Disbursement this Period 206.60
City Washington State DC Zip Code 20007	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses

SUBTOTAL of Disbursements This Page (optional) ▶	783.47
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Christopher K Gleason

Mailing Address PO Box 8

City Johnstown State PA Zip Code 15907

Purpose of Disbursement
IN-KIND RECEIVED

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-CN5718
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	7

Amount of Each Disbursement this Period

967.42

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

In-Kind Received Catering
for luncheon

SUBTOTAL of Disbursements This Page (optional) ►

967.42

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

36418.71

**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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. William Shuster		Transaction ID: SB21-EX4972 Date of Disbursement 08 / 24 / 2007
Mailing Address 9 Overlook Drive		Amount of Each Disbursement this Period 39.47
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Donations	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) B. Juniata Co Republican Comm.		Transaction ID: SB21-EX4968 Date of Disbursement 08 / 24 / 2007
Mailing Address RR #1 Box 30-A		Amount of Each Disbursement this Period 500.00
City Thompsonstown State PA Zip Code 17094	Purpose of Disbursement Donations	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) C. Bedford Co. Republican Comm		Transaction ID: SB21-EX4993 Date of Disbursement 09 / 14 / 2007
Mailing Address C/O Christy Topper 242 E Simpson Street		Amount of Each Disbursement this Period 32.50
City Bedford State PA Zip Code 15522	Purpose of Disbursement Donations	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

SUBTOTAL of Disbursements This Page (optional) ▶	571.97
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Mifflin Co Republican Committee

Mailing Address 448 West Fourth Street

City Lewistown State PA Zip Code 17044

Purpose of Disbursement
Donations

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX4945
Date of Disbursement

07 / 27 / 2007

Amount of Each Disbursement this Period

50.00

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

Donations

B. Full Name (Last, First, Middle Initial)
Stern For Assembly

Mailing Address PO Box 312

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Political Contributions

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX4969
Date of Disbursement

08 / 24 / 2007

Amount of Each Disbursement this Period

300.00

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

Political Contributions

C. Full Name (Last, First, Middle Initial)
National MS Society

Mailing Address Keystone Branch
506 Third Avenue

City Duncansville State PA Zip Code 16635

Purpose of Disbursement
Donations

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX4994
Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

240.00

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

Donations

SUBTOTAL of Disbursements This Page (optional)

590.00

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Brent Gates		Transaction ID: SB21-EX4962 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 310 Penn Street Suite 200		Amount of Each Disbursement this Period 50.00
City Hollidaysburg State PA Zip Code 16648	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donations		Donations
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Swiss Club of Altoona		Transaction ID: SB21-EX4992 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 1224 Tyler Avenue		Amount of Each Disbursement this Period 100.00
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donations		Donations
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ronald S. Nocco		Transaction ID: SB21-EX4957 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 1416 Philadelphia Street		Amount of Each Disbursement this Period 55.00
City Indiana State PA Zip Code 15701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donations		Donations
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	205.00
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Graves For Congress		Transaction ID: SB21-EX4952
Mailing Address 2345 Grand Blvd Suite 250		Date of Disbursement 07 / 31 / 2007
City Kansas City	State MO	Zip Code 64108
Purpose of Disbursement Political Contributions		Amount of Each Disbursement this Period 2000.00
Candidate Name Samuel Graves		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Political Contributions
State: MO	District: 6	

Full Name (Last, First, Middle Initial) B. Meling 4 Commissioner		Transaction ID: SB21-EX4970
Mailing Address PO Box 96		Date of Disbursement 08 / 24 / 2007
City Hollidaysburg	State PA	Zip Code 16648
Purpose of Disbursement Political Contributions		Amount of Each Disbursement this Period 250.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Political Contributions
State:	District:	

Full Name (Last, First, Middle Initial) C. Tomassetti For Commissioner		Transaction ID: SB21-EX4971
Mailing Address 2006 Sixth Avenue		Date of Disbursement 08 / 24 / 2007
City Altoona	State PA	Zip Code 16602
Purpose of Disbursement Political Contributions		Amount of Each Disbursement this Period 250.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Political Contributions
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	2500.00
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Jobel Court #11 L.O.S.N.A.		Transaction ID: SB21-EX4978 Date of Disbursement 08 / 24 / 2007
Mailing Address PO Box 688		Amount of Each Disbursement this Period 25.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Donations	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) B. Women's Club Of Altoona		Transaction ID: SB21-EX4979 Date of Disbursement 08 / 24 / 2007
Mailing Address 527 East Walton Avenue		Amount of Each Disbursement this Period 25.00
City Altoona State PA Zip Code 16602	Purpose of Disbursement Donations	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) C. Indiana County Humane Society		Transaction ID: SB21-EX4980 Date of Disbursement 08 / 24 / 2007
Mailing Address 65 Haven Drive		Amount of Each Disbursement this Period 100.00
City Indiana State PA Zip Code 15701	Purpose of Disbursement Donations	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

SUBTOTAL of Disbursements This Page (optional) ▶	150.00
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Team Franklin County		Transaction ID: SB21-EX4990 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 169 Theodore Drive		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chambersburg State PA Zip Code 17201	Purpose of Disbursement Donations Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) B. Tom Rooney For Congress		Transaction ID: SB21-EX5021 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 2336 S. East Ocean Blvd #313		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stuart State FL Zip Code 34996	Purpose of Disbursement Political Contributions Candidate Name Thomas Joseph Rooney	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Political Contributions

Full Name (Last, First, Middle Initial) C. Dreams Go On Trail Ride		Transaction ID: SB21-EX5027 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address RR 2 Box 351		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Donations Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

SUBTOTAL of Disbursements This Page (optional) ▶	1125.00
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Saylor Retention 07

Mailing Address 742 South 80th Street

City Harrisburg State PA Zip Code 17111

Purpose of Disbursement
Blairmont Club catering charges

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5074

Date of Disbursement

09 / 30 / 2007

Amount of Each Disbursement this Period

260.00

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

Blairmont Club catering
charges

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

5401.97

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN20

LOAN SOURCE Full Name (Last, First, Middle Initial) S&T Bank	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address Commercial Lending 208 West Plank Road	
City Altoona State PA ZIP Code 16602	

Original Amount of Loan 30000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 30000.00
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TERMS

Date Incurred MM DD YY 01 19 2007	Date Due 20080530	Interest Rate 8.2500 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="30000.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value="30000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Covington & Burling LLP	Nature of Debt (Purpose): Invoice: Invoice 60339388 Administrative
Mailing Address 1201 Pennsylvania Avenue NW	
City State ZIP Code Washington DC 20004	

Outstanding Balance Beginning This Period 7500.00	Transaction ID: SD10-INV3289	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 7500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Mobility	Nature of Debt (Purpose): Invoice: 830233055 Administrative/Salary
Mailing Address PO Box 6463	
City State ZIP Code Carol Stream IL 60197	

Outstanding Balance Beginning This Period .00	Transaction ID: SD10-INV4891	
Amount Incurred This Period 126.66	Payment This Period .00	Outstanding Balance at Close of This Period 126.66

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Invoice: 814 696-0225 608 26Y Administra
Mailing Address PO Box 660748	
City State ZIP Code Dallas TX 75266	

Outstanding Balance Beginning This Period .00	Transaction ID: SD10-INV4918	
Amount Incurred This Period 167.57	Payment This Period .00	Outstanding Balance at Close of This Period 167.57

1) SUBTOTALS This Period This Page (optional).....	▶	7794.23
2) TOTALS This Period (last page this line number only).....	▶	7794.23
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Image# 27991000535

Form/Schedule: **F3A**

Transaction ID:

The accompanying Report of Receipts and Disbursements from July 1 2007 through September 30 2007 for the Bill Shuster for Congress Committee included in the prescribed form have been prepared by Frederick A. Ciocca CPA. I have prepared such financial statements in my capacity a treasurer of the Bill Shuster for Congress Committee. This amendment is in response to our RQ-2 dated November 15 2007 concerning our descriptions for the purpose.
