

**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)

PQ Box 27

Check if different than previously reported. (ACC)

Hollidaysburg

PA

16848

2. **FEC IDENTIFICATION NUMBER**

C00364935

CITY

STATE

ZIP CODE

STATE DISTRICT

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

PA 9

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

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 2005 through 09 30 2005

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 01 26 2006

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

Office
Use
Only

FEC FORM 3
(Revised 02/2005)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period: From: ^M 07 ^D 01 ^Y 2005 To: ^M 09 ^D 30 ^Y 2005

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	68430.94	311312.12
(b) Total Contribution Refunds (from Line 20(d)).....	.00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	68430.94	311312.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	61313.18	307550.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	501.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	61313.18	307049.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	237697.14	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	4281.35	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	225080.05	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2005)

Page 3

Write or Type Committee Name
Bill Shuster for Congress

Report Covering the Period: From: ^{M M} 07 ^{Y Y} 01 ^{V V} 2005 To: ^{V M} 09 ^{Y Y} 30 ^{V V} 2005

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).....	21100.00	.00
(ii) Unitemized.....	300.00	.00
(iii) TOTAL of contributions from Individuals..... ▶	21400.00	119000.00
(b) Political Party Committees.....	30.94	30.94
(c) Other Political Committees (such as PACS).....	47000.00	192281.18
(d) The Candidate.....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	68430.94	311312.12
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	.00	.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	.00	.00
(b) All Other Loans.....	200000.00	440000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	200000.00	440000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	.00	501.00
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)..... ▶	268430.94	751813.12

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	61313.18	307550.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	2000.00
(b) Of all Other Loans.....	200000.00	250000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	200000.00	252000.00
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.....	3536.60	16653.60
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	264849.78	576203.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	234115.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	268430.94
25. SUBTOTAL (add Line 23 and Line 24).....	502546.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	264849.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	237697.14

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 70

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Dealers Election Action		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 8400 Westpark Drive		Transaction ID: SA11C-CN4633
City	State	Zip Code
Mc Lean	VA	22102
FEC ID number of contributing federal political committee. C C00040698		Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Truck		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 430 First Street SE		Transaction ID: SA11C-CN4632
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee. C C00002881		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. American Maritime Officers Voluntary		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 2 West Dixie Highway		Transaction ID: SA11C-CN4682
City	State	Zip Code
Dania	FL	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	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 70

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. American Council of Engineering		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 1015 15th Street NW Suite 802		Transaction ID: SA11C-CN4618
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00010868		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Associated General Contractors		Date of Receipt M / D / Y 08 / 15 / 2005
Mailing Address 333 John Carlyle Street Suite 200		Transaction ID: SA11C-CN4610
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C CD0082B17		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2081.18	

Full Name (Last, First, Middle Initial) C. Walmart Stores Inc.		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 702 SW Eighth Street		Transaction ID: SA11C-CN4626
City Bentonville	State AR	Zip Code 72716
FEC ID number of contributing federal political committee. C CD0093D54		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

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

FOR LINE NUMBER: PAGE 7 / 70

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Federal Express		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 942 S Shady Grove Road		Transaction ID: SA11C-CN4627
City Memphis	State TN	Zip Code 38120
FEC ID number of contributing federal political committee. C C00068692		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. American Medical Association		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 1101 Vermont Avenue NW		Transaction ID: SA11C-CN4606
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00000422		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. American Bankers Association		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 1120 Connecticut Avenue NW		Transaction ID: SA11C-CN4574
City Washington	State DC	Zip Code 20038
FEC ID number of contributing federal political committee. C C00004275		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 70

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. NRA-Political Victory Fund		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 11250 Waples Mill Road		Transaction ID: SA11C-CN4575
City	State	Zip Code
Fairfax	VA	22030
FEC ID number of contributing federal political committee. C C00053553		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Realtors		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 430 North Michigan Avenue		Transaction ID: SA11C-CN4615
City	State	Zip Code
Chicago	IL	60611
FEC ID number of contributing federal political committee. C CD0030718		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Duane Morris Government Committee		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 4200 One Liberty Place		Transaction ID: SA11C-CN4623
City	State	Zip Code
Philadelphia	PA	19103
FEC ID number of contributing federal political committee. C CD0364133		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 70

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Duane Morris Government Committee		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 4200 One Liberty Place		Transaction ID: SA11C-CN4624
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C C00364133		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. General Dynamics Voluntary		Date of Receipt M / D / Y 07 / 22 / 2005
Mailing Address 2941 Fairview Park Drive Suite 100		Transaction ID: SA11C-CN4589
City Falls Church	State VA	Zip Code 22042
FEC ID number of contributing federal political committee. C CD0078451		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Television & Radio		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 1771 N Street NW		Transaction ID: SA11C-CN4607
City Washington	State DC	Zip Code 20038
FEC ID number of contributing federal political committee. C CD0009985		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 70

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. USTeam		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 100 West Putnam Avenue		Transaction ID: SA11C-CN4625
City Greenwich	State CT	Zip Code 06830
FEC ID number of contributing federal political committee. C C00104851		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Freedom Project		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 111 C Street SE		Transaction ID: SA11C-CN4630
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00305805		Amount of Each Receipt this Period 5000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. US Always		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 2345 Crystal Drive		Transaction ID: SA11C-CN4695
City Arlington	State VA	Zip Code 22227
FEC ID number of contributing federal political committee. C C00040170		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 70

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. NATSO		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 1737 King Street Suite 200		Transaction ID: SA11C-CN4629
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C C00097865		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Manitowoc Company, Inc		Date of Receipt M / D / Y 07 / 22 / 2005
Mailing Address PO Box 1101 1800 Ely Street		Transaction ID: SA11C-CN4584
City Marinette	State WI	Zip Code 54143
FEC ID number of contributing federal political committee. C CD0287847		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. FAA Managers Association, Inc.		Date of Receipt M / D / Y 07 / 22 / 2005
Mailing Address 1919 Pennsylvania NW - Suite 600		Transaction ID: SA11C-CN4583
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. C CD0366070		Amount of Each Receipt this Period 5000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Edison International		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 2244 Walnut Grove Avenue		Transaction ID: SA11C-CN4592
City Rosemead	State CA	Zip Code 91770
FEC ID number of contributing federal political committee. C C00019653		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Safari Club International		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 4800 W. Gates Pass Road		Transaction ID: SA11C-CN4601
City Tucson	State AZ	Zip Code 85745
FEC ID number of contributing federal political committee. C CD0122101		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Motorola		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 1350 I Street NW Suite 400		Transaction ID: SA11C-CN4609
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C CD0075341		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 13 / 70

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Boeing		Date of Receipt M / D / Y 07 / 25 / 2005
Mailing Address 1200 Wilson Boulevard		Transaction ID: SA11C-CN4591
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C C00142711		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. American Pilots' Association		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 499 South Capitol Street SW #409		Transaction ID: SA11C-CN4602
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C CD0041061		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. NACDS		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 413 North Lee Street		Transaction ID: SA11C-CN4603
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C CD0022368		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Oshkosh Truck Corp Employees		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address PD Box 2586		Transaction ID: SA11C-CN4614
City Oshkosh	State WI	Zip Code 54803
FEC ID number of contributing federal political committee. C C00304477		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. National Multi Housing Council		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 1950 M Street NW - Suite 540		Transaction ID: SA11C-CN4631
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00130773		Amount of Each Receipt this Period 5000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	47000.00

SCHEDULE A (FEC Form 3)
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Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. John P McAlister		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 326 South Carolina Avenue, SE		Transaction ID: SA11Ai-CN4619
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer McAlister & Quinn, LLC	Occupation Partner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Martin G Hemberger, Esq.		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 226D1 Davis Drive		Transaction ID: SA11Ai-CN4621
City Sterling	State VA	Zip Code 20164
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Attorney/Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. William P Jamel		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 1763 Proffit Road		Transaction ID: SA11Ai-CN4593
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Washington Strategies LLC	Occupation Associate	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Jennifer J Calvert		Date of Receipt M / D / Y 08 / 08 / 2008
Mailing Address 124 11th Street SE		Transaction ID: SA11Ai-CN4598
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer Washington Strategies, LLC	Occupation Partner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) B. Grane Associates, LP		Date of Receipt M / D / Y 07 / 12 / 2008
Mailing Address 209 Sigma Drive		Transaction ID: SA11Ai-CN4577
City Pittsburgh	State PA	Zip Code 15228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution from all 4 partners Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Richard A Grackno, Jr		Date of Receipt M / D / Y 07 / 12 / 2008
Mailing Address 135 Guyasuta Drive		Transaction ID: SA11Ai-CN4578
City Pittsburgh	State PA	Zip Code 15215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 333.33
Name of Employer Grane Associates, LP	Occupation General Partner	Partnership-Grane Associates, LP Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) [MEMO ITEM] \$333.33 MEMO Partnership Attributed
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 333.33	

SUBTOTAL of Receipts This Page (optional)	3100.00
TOTAL This Period (last page this line number only)	

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Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. David F Graciano		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 309 Windmere Drive		Transaction ID: SA11Ai-CN4579
City	State	Zip Code
Pittsburgh	PA	15238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 333.33
Name of Employer Grane Associates, LP	Occupation General Partner	Partnership-Grane Associates, LP Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) [MEMO ITEM] \$333.33 MEMO Partnership Attributed
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 333.33	

Full Name (Last, First, Middle Initial) B. Jeffrey J Graciano		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 5 LaTourelle Lane		Transaction ID: SA11Ai-CN4580
City	State	Zip Code
Pittsburgh	PA	15215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Grane Associates, LP	Occupation General Partner	Partnership-Grane Associates, LP Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) [MEMO ITEM] \$83.34 MEMO Partnership Attributed
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 83.34	

Full Name (Last, First, Middle Initial) C. Ross J Ness		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 100 Ashley Court		Transaction ID: SA11Ai-CN4581
City	State	Zip Code
Pittsburgh	PA	15221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Grane Associates, LP	Occupation General Partner / Executive	Partnership-Grane Associates, LP Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) [MEMO ITEM] \$250.00 MEMO Partnership Attributed
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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(check only one)
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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Andrew Clayton Fisher		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 122B Murrayhill Avenue		Transaction ID: SA11Ai-CN4605
City	State	Zip Code
Pittsburgh	PA	15217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CIM Investment Mgmt. Inc.	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Andrew K. Maloney		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 302D Macomb Street, NW		Transaction ID: SA11Ai-CN4596
City	State	Zip Code
Washington	DC	20008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Federalist Group LLC	Occupation Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. James L. Ervin		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 116 Queen Street		Transaction ID: SA11Ai-CN4608
City	State	Zip Code
Alexandria	VA	22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ETA	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
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Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Dale L Robertson		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 159 Park Place Lane		Transaction ID: SA11Ai-CN4571
City Berkeley Springs	State WV	Zip Code 25411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer JLG Industries, Inc.	Occupation VP & Chief Information Officer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. John F Lauderback		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 13505 Olde Saybrook Circle		Transaction ID: SA11Ai-CN4572
City Hagerstown	State MD	Zip Code 21742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer JLG Industries, Inc.	Occupation VP Quality Processes & Training	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Kristen W Lauderback		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 13505 Olde Saybrook Circle		Transaction ID: SA11Ai-CN4573
City Hagerstown	State MD	Zip Code 21742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 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)
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Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Arlene Herson		Date of Receipt M / D / Y 07 / 22 / 2005
Mailing Address 17173 Royal Cave Way		Transaction ID: SA11Ai-CN4585
City Boca Raton	State FL	Zip Code 33486
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Thomas G Cassin		Date of Receipt M / D / Y 07 / 22 / 2005
Mailing Address 322 Chestnut Lane		Transaction ID: SA11Ai-CN4586
City Prospectville	State PA	Zip Code 19002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Materials Sciences Corporation	Occupation President/Engineer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Wayne E Gardner		Date of Receipt M / D / Y 07 / 22 / 2005
Mailing Address 505 Butternut Drive		Transaction ID: SA11Ai-CN4587
City Downingtown	State PA	Zip Code 19335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Franklin Fuel Cells	Occupation VP Finance & Administration	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 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)	▶	

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. James H Dykstra		Date of Receipt M / D / Y 07 / 22 / 2005
Mailing Address 8308 Hunting Ridge Lane		Transaction ID: SA11Ai-CN4588
City Mc Lean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Edington Peel & Associates, Inc	Occupation Principal	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Charles M Greenberg		Date of Receipt M / D / Y 07 / 25 / 2005
Mailing Address 322 Johnston Road		Transaction ID: SA11Ai-CN4590
City Pittsburgh	State PA	Zip Code 15241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pepper Hamilton LLP	Occupation Partner/Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. David S Thompson		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 2400 South Culpepper Street		Transaction ID: SA11Ai-CN4594
City Arlington	State VA	Zip Code 22208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Capitol Hill Consulting Group	Occupation Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Christopher M Giblin		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 174 Martin Lane		Transaction ID: SA11Ai-CN4597
City Alexandria	State VA	Zip Code 22304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Federalist Group LLC	Occupation Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Wayne L Berman		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address PO Box 60446		Transaction ID: SA11Ai-CN4598
City Potomac	State MD	Zip Code 20859
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Federalist Group LLC	Occupation Partner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. R Joseph Trauger		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 8724 Badger Drive		Transaction ID: SA11Ai-CN4800
City Alexandria	State VA	Zip Code 22309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AHA	Occupation Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General 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)	

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Ann Y Fisher		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 5473 Kipling Street		Transaction ID: SA11Ai-CN4604
City Pittsburgh	State PA	Zip Code 15217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Commonwealth Securities	Occupation Investment Banker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Robert H Kind		Date of Receipt M / D / Y 08 / 23 / 2005
Mailing Address 268 Shady Hollow Road		Transaction ID: SA11Ai-CN4611
City Somerset	State PA	Zip Code 15501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Global Incorporated	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Gabriel L Pellagatti		Date of Receipt M / D / Y 08 / 06 / 2005
Mailing Address PO Box 589		Transaction ID: SA11Ai-CN4612
City Altoona	State PA	Zip Code 16603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Innovative Consulting Group, Inc	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General 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)	

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Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Mark Valente, III		Date of Receipt M / D / Y 09 / 16 / 2005
Mailing Address 7055 Leesbone Street		Transaction ID: SA11Ai-CN4613
City Springfield	State VA	Zip Code 22151
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Valente & Associates	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Michael J Beer		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 850D Innisfree Drive		Transaction ID: SA11Ai-CN4616
City Springfield	State VA	Zip Code 22153
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Williams & Jensen	Occupation Principal	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Levon S Boyeglen		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 121 13th Street SE		Transaction ID: SA11Ai-CN4617
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Dutko Worldwide	Occupation Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 70

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. John P Murphy		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 2200 Mill Road		Transaction ID: SA11Ai-CN4620
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Trucking Association	Occupation Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Patrick Joseph Pettay		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 10301 Chapel Road		Transaction ID: SA11Ai-CN4622
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Williams & Jensen	Occupation Partner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Michael K Henry		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 325 Maryland Avenue, NE		Transaction ID: SA11Ai-CN4628
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Alpine Group	Occupation Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	21100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. NRCC		Date of Receipt M / D / Y 09 / 08 / 2005
Mailing Address 320 First Street SE		Transaction ID: SA11B-CN4634
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00075820		Amount of Each Receipt this Period 30.94
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) In-Kind Received
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 30.94	

SUBTOTAL of Receipts This Page (optional)	▶	30.94
TOTAL This Period (last page this line number only)	▶	30.94

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

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

FOR LINE NUMBER: PAGE 27 / 70

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. S&T Bank		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address Commercial Lending 208 West Plank Road		Transaction ID: SA13b-LN17
City Altoona	State PA	Zip Code 16602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 200000.00	

SUBTOTAL of Receipts This Page (optional)	▶	200000.00
TOTAL This Period (last page this line number only)	▶	200000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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 (check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input checked="" 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

Mailing Address Commercial Lending
 208 West Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Repay Loan

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB19B-LP62

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

160000.00

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

Pay off of line of credit

Full Name (Last, First, Middle Initial)

B. S&T Bank

Mailing Address Commercial Lending
 208 West Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Repay Loan

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB19B-LP63

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

40000.00

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

Pay off of line of credit

SUBTOTAL of Disbursements This Page (optional) ▶

200000.00

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

200000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. S&T Bank

Mailing Address Commercial Lending
20B West Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Loan interest Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: SB17-LP62

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

580.00

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

Pay off of line of credit

Full Name (Last, First, Middle Initial)

B. S&T Bank

Mailing Address Commercial Lending
20B West Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Loan interest Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: SB17-LP63

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

160.56

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

Pay off of line of credit

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

OD1
Category/
Type

Transaction ID: SB17-EX3684

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

14.80

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

Administrative/Salary/Ove-
rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

755.36

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. US Postal Service

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Postage

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3761
 Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

74.00

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

Administrative/Salary/Ove-
 rhead Expenses

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

Mailing Address 8 Overlook Drive

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Meals

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3734
 Date of Disbursement

09 / 02 / 2005

Amount of Each Disbursement this Period

10.21

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

Travel Expenses

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

Mailing Address PO Box 1473

City Altoona State PA Zip Code 16803

Purpose of Disbursement
 Postage

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3698
 Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

17.25

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

Administrative/Salary/Ove-
 rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

101.46

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
	20a		20b		20c		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.

Mailing Address PO Box 1473

City Altoona State PA Zip Code 16603

Purpose of Disbursement
 Professional Services

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3701
 Date of Disbursement

08 / 04 / 2005

Amount of Each Disbursement this Period

4700.00

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

Administrative/Salary/Ove-
 rhead Expenses

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

Mailing Address PO Box 1473

City Altoona State PA Zip Code 16603

Purpose of Disbursement
 Postage

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3730
 Date of Disbursement

08 / 26 / 2005

Amount of Each Disbursement this Period

17.70

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

Administrative/Salary/Ove-
 rhead Expenses

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

Mailing Address PO Box 1473

City Altoona State PA Zip Code 16603

Purpose of Disbursement
 Professional Services

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3742
 Date of Disbursement

08 / 06 / 2005

Amount of Each Disbursement this Period

4707.17

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

Administrative/Salary/Ove-
 rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

9424.96

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. The Orchards

Mailing Address 1580 Orchard Drive

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
 Meals

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3762
 Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

86.59

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

Travel Expenses

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address PO Box 8585

City Philadelphia State PA Zip Code 19173

Purpose of Disbursement
 Telephone

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3680
 Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

143.48

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

Administrative/Salary/Ove-
 rhead Expenses

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address PO Box 8585

City Philadelphia State PA Zip Code 19173

Purpose of Disbursement
 Telephone

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3708
 Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

154.05

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

Administrative/Salary/Ove-
 rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

384.12

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address PO Box 8585

City Philadelphia State PA Zip Code 19173

Purpose of Disbursement Telephone

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3744

Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

149.75

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

Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial)

B. Sunoco

Mailing Address 1700 Seventh Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Vehicle Expenses

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3681

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

28.70

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

Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial)

C. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Vehicle Expenses

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3676

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

40.80

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

Administrative/Salary/Overhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

213.25

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Vehicle Expenses

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3677

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

7.95

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

B. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Vehicle Expenses

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3717

Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

37.80

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

C. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Vehicle Expenses

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3718

Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

32.30

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

Administrative/Salary/Ove-
rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

78.05

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Vehicle Expenses

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3758

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

40.00

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

Administrative/Salary/Ove-
 rhead Expenses

Full Name (Last, First, Middle Initial)

B. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Vehicle Expenses

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3758

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

28.00

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

Administrative/Salary/Ove-
 rhead Expenses

Full Name (Last, First, Middle Initial)

C. Staples-291 Altoona

Mailing Address Plank Road/Orchard Plaza

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Office Expenses

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3678

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

344.31

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

Administrative/Salary/Ove-
 rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

412.31

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Staples-291 Altoona

Mailing Address Plank Road/Orchard Plaza

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Office Expenses

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3679

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

42.34

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

B. Huntingdon Co. Republican Comm

Mailing Address PO Box 61

City Huntingdon State PA Zip Code 16652

Purpose of Disbursement
Print Ads

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

004
Category/
Type

Transaction ID: SB17-EX3738

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

75.00

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

Advertising Expenses

Full Name (Last, First, Middle Initial)

C. Marlene Bendon

Mailing Address 2502 Quail Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Office Expenses

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3694

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

34.08

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

Administrative/Salary/Ove-
rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

151.43

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Marlene Bendon

Mailing Address 2502 Quail Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Office Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3743
Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

36.71

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)
B. The Dream Restaurant

Mailing Address 1500 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Meals

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3780
Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

62.62

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

Travel Expenses

Full Name (Last, First, Middle Initial)
C. Capitol Hill Club

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Meals

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3680
Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

298.54

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

Travel Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

397.87

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Capitol Hill Club

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
 Meals

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

002
 Category/
 Type

Transaction ID: SB17-EX3716

Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

180.58

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

Travel Expenses

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
 Fundraising

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

003
 Category/
 Type

Transaction ID: SB17-EX3757

Date of Disbursement

08 / 22 / 2005

Amount of Each Disbursement this Period

471.10

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

Solicitation and Fundrais-
 ing Expenses

Full Name (Last, First, Middle Initial)

C. The Capital Grille

Mailing Address 601 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
 Fundraising

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

003
 Category/
 Type

Transaction ID: SB17-EX3723

Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

3600.00

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

Solicitation and Fundrais-
 ing Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

4251.66

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. The Ben Franklin Society

Mailing Address of Franklin County
293 South Gate Mall

City State Zip Code
Chambersburg PA 17201

Purpose of Disbursement
Dues

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3713
Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

300.00

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)
B. IS2 Technologies, Inc.

Mailing Address 3018 Pleasant Valley Blvd

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Office Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3658
Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

30.00

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)
C. IS2 Technologies, Inc.

Mailing Address 3018 Pleasant Valley Blvd

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Office Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3659
Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

100.00

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

Administrative/Salary/Ove-
rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

430.00

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. IS2 Technologies, Inc.

Mailing Address 3018 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Office Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3670

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

95.00

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

B. IS2 Technologies, Inc.

Mailing Address 3018 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Office Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3750

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

32.50

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

C. Capital Hill Suites

Mailing Address 200 C Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3689

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

278.76

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

Travel Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

406.26

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Capital Hill Suites

Mailing Address 200 C Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3890

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

250.76

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

Travel Expenses

Full Name (Last, First, Middle Initial)

B. US Hotel Restaurant

Mailing Address 401 South Juniata Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Meals

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3720

Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

23.03

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

Mailing Address 410 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3724

Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

272.25

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

Solicitation and Fundrais-
ing Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

546.04

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

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(check only one)

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Schneiders Of Capitol Hill

Mailing Address 300 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3873
Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

326.74

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

Solicitation and Fundrais-
ing Expenses

Full Name (Last, First, Middle Initial)
B. Subway Salad And Sandwiches

Mailing Address 500 Third Avenue

City Duncansville State PA Zip Code 16835

Purpose of Disbursement
Meals

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3785
Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

55.33

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

Travel Expenses

Full Name (Last, First, Middle Initial)
C. O.K. Stuckey And Son

Mailing Address 1800 Eighth Avenue

City Altoona State PA Zip Code 16802

Purpose of Disbursement
Office Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3699
Date of Disbursement

08 / 03 / 2005

Amount of Each Disbursement this Period

264.47

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

Administrative/Salary/Ove-
rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

646.54

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

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360002

City Altoona State PA Zip Code 33336

Purpose of Disbursement
 Bank Service Charge

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3766

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

10.00

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

Administrative/Salary/Ove-
 rhead Expenses

Full Name (Last, First, Middle Initial)

B. Penn's Woods Council #508

Mailing Address PO Box 352

City Tiro Hill State PA Zip Code 15050

Purpose of Disbursement
 Print Ads

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

004
 Category/
 Type

Transaction ID: SB17-EX3710

Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

250.00

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

Advertising Expenses

Full Name (Last, First, Middle Initial)

C. Bistro Bis

Mailing Address 15 E Street NW

City Washington State DC Zip Code 20003

Purpose of Disbursement
 Fundraising

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

003
 Category/
 Type

Transaction ID: SB17-EX3691

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

928.65

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

Solicitation and Fundrais-
 ing Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

1188.65

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. US Members Dining Room

Mailing Address H-117, The Capitol

City Washington State DC Zip Code 20515

Purpose of Disbursement
 Meals

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3714
 Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

55.00

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

Travel Expenses

Full Name (Last, First, Middle Initial)
B. US Members Dining Room

Mailing Address H-117, The Capitol

City Washington State DC Zip Code 20515

Purpose of Disbursement
 Meals

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17-EX3715
 Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

60.00

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

Travel Expenses

Full Name (Last, First, Middle Initial)
C. Verizon Wireless

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297

Purpose of Disbursement
 Telephone

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3700
 Date of Disbursement

08 / 03 / 2005

Amount of Each Disbursement this Period

80.05

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

Administrative/Salary/Ove-
 head Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

204.05

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3740

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

80.05

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

B. Holliday Real Estate, LLC

Mailing Address 316 Newry Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Office Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3696

Date of Disbursement

07 / 25 / 2005

Amount of Each Disbursement this Period

26.50

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

C. Holliday Real Estate, LLC

Mailing Address 316 Newry Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Office Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3728

Date of Disbursement

08 / 26 / 2005

Amount of Each Disbursement this Period

26.50

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

Administrative/Salary/Ove-
rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

133.05

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Holliday Real Estate, LLC

Mailing Address 316 Newry Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Office Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3753
Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

26.50

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)
B. Covington & Burling

Mailing Address 1201 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Consultant

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3687
Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

6816.23

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)
C. ATLANTIC broadband

Mailing Address 2200 Beale Avenue

City Altoona State PA Zip Code 16801

Purpose of Disbursement
Utilities

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3681
Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

103.95

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

Administrative/Salary/Ove-
rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

6946.68

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. ATLANTIC broadband

Mailing Address 2200 Beale Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Utilities

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3662

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

51.45

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

B. ATLANTIC broadband

Mailing Address 2200 Beale Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Utilities

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3703

Date of Disbursement

08 / 10 / 2005

Amount of Each Disbursement this Period

103.95

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

C. ATLANTIC broadband

Mailing Address 2200 Beale Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Utilities

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3712

Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

51.45

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

Administrative/Salary/Ove-
rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

206.85

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. ATLANTIC broadband

Mailing Address 2200 Beale Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement
 Utilities

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3745

Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

103.95

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

Administrative/Salary/Ove-
 rhead Expenses

Full Name (Last, First, Middle Initial)

B. CenPenn Realty LLC

Mailing Address 513 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Rent

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3695

Date of Disbursement

07 / 25 / 2005

Amount of Each Disbursement this Period

500.00

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

Administrative/Salary/Ove-
 rhead Expenses

Full Name (Last, First, Middle Initial)

C. CenPenn Realty LLC

Mailing Address 513 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Rent

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3727

Date of Disbursement

08 / 26 / 2005

Amount of Each Disbursement this Period

500.00

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

Administrative/Salary/Ove-
 rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

1103.95

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. CenPenn Realty LLC

Mailing Address 513 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3752

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

500.00

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

B. Laurel Valley Golf Club

Mailing Address c/o Klett Rooney
One Oxford Centre - 40th Floor

City Pittsburgh State PA Zip Code 15210

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3746

Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

5477.89

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

Solicitation and Fundrais-
ing Expenses

Full Name (Last, First, Middle Initial)

C. Robbe Diehl-Bendick

Mailing Address 1836 West Abingdon Drive #203

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Vehicle Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3732

Date of Disbursement

08 / 26 / 2005

Amount of Each Disbursement this Period

132.06

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

Administrative/Salary/Ove-
rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

6109.95

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Robbe Diehl-Bendick

Mailing Address 1636 West Abingdon Drive #203

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
 Office Expenses

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3733
 Date of Disbursement

08 / 26 / 2005

Amount of Each Disbursement this Period

69.95

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

Administrative/Salary/Ove-
 rhead Expenses

Full Name (Last, First, Middle Initial)
B. Cingular Wireless

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
 Telephone

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3694
 Date of Disbursement

07 / 25 / 2005

Amount of Each Disbursement this Period

189.62

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

Administrative/Salary/Ove-
 rhead Expenses

Full Name (Last, First, Middle Initial)
C. Cingular Wireless

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
 Telephone

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3731
 Date of Disbursement

08 / 26 / 2005

Amount of Each Disbursement this Period

187.38

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

Administrative/Salary/Ove-
 rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

446.96

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Cingular Wireless

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3754
Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

185.62

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)
B. Nemaconlin Woodlands Resort & Spa

Mailing Address 1001 LaFayette Drive

City Farmington State PA Zip Code 15437

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3768
Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

7500.00

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

Solicitation and Fundrais-
ing Expenses

Full Name (Last, First, Middle Initial)
C. Crowne Plaza - Harrisburg

Mailing Address 23 South Second Street

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3767
Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

138.52

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

Travel Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

7825.14

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Jeffrey Loveng

Mailing Address 228 W. Windsor Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3702
Date of Disbursement

08 / 10 / 2005

Amount of Each Disbursement this Period

305.49

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

Solicitation and Fundrais-
ing Expenses

Full Name (Last, First, Middle Initial)
B. e2c consulting, Inc.

Mailing Address PO Box 29576

City Washington State DC Zip Code 20017

Purpose of Disbursement
Campaign Consultant

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3657
Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

4000.00

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

Solicitation and Fundrais-
ing Expenses

Full Name (Last, First, Middle Initial)
C. e2c consulting, Inc.

Mailing Address PO Box 29576

City Washington State DC Zip Code 20017

Purpose of Disbursement
Campaign Consultant

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3697
Date of Disbursement

08 / 03 / 2005

Amount of Each Disbursement this Period

4000.00

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

Solicitation and Fundrais-
ing Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

8305.49

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 70

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. e2c consulting, Inc.

Mailing Address PO Box 29576

City Washington State DC Zip Code 20017

Purpose of Disbursement
Campaign Consultant

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3726
Date of Disbursement

08 / 26 / 2005

Amount of Each Disbursement this Period

4000.00

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

Solicitation and Fundrais-
ing Expenses

Full Name (Last, First, Middle Initial)
B. e2c consulting, Inc.

Mailing Address PO Box 29576

City Washington State DC Zip Code 20017

Purpose of Disbursement
Office Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3751
Date of Disbursement

08 / 22 / 2005

Amount of Each Disbursement this Period

341.04

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

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)
C. e2c consulting, Inc.

Mailing Address PO Box 29576

City Washington State DC Zip Code 20017

Purpose of Disbursement
Campaign Consultant

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3756
Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

4000.00

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

Solicitation and Fundrais-
ing Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

8341.04

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 70

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Independence Airlines

Mailing Address Dulles International Airport

City State Zip Code
Dulles VA 20101

Purpose of Disbursement
Airplane

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3672

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

298.40

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

Travel Expenses

Full Name (Last, First, Middle Initial)

B. Pour House

Mailing Address 319 Pennsylvania Avenue SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3692

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

652.50

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

Solicitation and Fundrais-
ing Expenses

Full Name (Last, First, Middle Initial)

C. Pour House

Mailing Address 319 Pennsylvania Avenue SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Meals

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3674

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

176.00

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

Travel Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

1126.90

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. NRCC

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
 IN-KIND RECEIVED

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: SB17-CN4634

Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

30.94

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

In-Kind Received

SUBTOTAL of Disbursements This Page (optional) ▶

30.94

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

60168.96

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 70

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 9 Overlook Drive

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Promotional Tickets

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3773
Date of Disbursement

08 / 26 / 2005

Amount of Each Disbursement this Period

30.00

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

Donations

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

Mailing Address 9 Overlook Drive

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Promotional Tickets

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3735
Date of Disbursement

08 / 02 / 2005

Amount of Each Disbursement this Period

10.00

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

Donations

Full Name (Last, First, Middle Initial)
C. Morrison Cove Republican Club

Mailing Address RD 1 Box 426
Meadowside Acres

City Martinsburg State PA Zip Code 16662

Purpose of Disbursement
Promotional Tickets

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3698
Date of Disbursement

08 / 03 / 2005

Amount of Each Disbursement this Period

150.00

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

Donations

SUBTOTAL of Disbursements This Page (optional) ▶

190.00

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

A. Full Name (Last, First, Middle Initial)
Huntingdon Co. Republican Comm

Mailing Address PO Box 61

City State Zip Code
Huntingdon PA 16852

Purpose of Disbursement
Promotional Tickets

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3771
Date of Disbursement

09 / 29 / 2005

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)
Cumberland Co Republican Comm

Mailing Address PO Box 1155

City State Zip Code
Carlisle PA 17013

Purpose of Disbursement
Promotional Tickets

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3708
Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

100.00

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

Donations

C. Full Name (Last, First, Middle Initial)
Blair County Crimesolvers

Mailing Address PO Box 206

City State Zip Code
Hollidaysburg PA 16848

Purpose of Disbursement
Donations

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3749
Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

100.00

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

Donations

SUBTOTAL of Disbursements This Page (optional) ▶

250.00

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. Daily American

Mailing Address 334 W Main Street
PO Box 638

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Donations

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3741

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

500.00

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

Donations

Full Name (Last, First, Middle Initial)

B. Republican State Committee of PA

Mailing Address 301 Market Street - Suite 900

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Promotional Tickets

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3693

Date of Disbursement

07 / 25 / 2005

Amount of Each Disbursement this Period

50.00

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

Donations

Full Name (Last, First, Middle Initial)

C. Huntingdon Co. Jr. Livestock

Mailing Address Street Required

City Huntingdon State PA Zip Code 16852

Purpose of Disbursement
Donations

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3706

Date of Disbursement

08 / 10 / 2005

Amount of Each Disbursement this Period

387.80

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

Donations

SUBTOTAL of Disbursements This Page (optional) ▶

937.60

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)

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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. Somerset Jr. Livestock Sale Committee

Mailing Address 291 Poverty Hollow Road

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Donations

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3747

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

444.00

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

Donations

Full Name (Last, First, Middle Initial)
B. MS-150 Keystone Country Ride

Mailing Address 1040 Fifth Avenue, Second Floor

City Pittsburgh State PA Zip Code 15210

Purpose of Disbursement
Donations

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3688

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

150.00

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

Donations

Full Name (Last, First, Middle Initial)
C. Boy Scouts of American Troop B2

Mailing Address 600 Lowther Street

City Bellwood State PA Zip Code 16817

Purpose of Disbursement
Donations

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3704

Date of Disbursement

08 / 10 / 2005

Amount of Each Disbursement this Period

50.00

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

Donations

SUBTOTAL of Disbursements This Page (optional) ▶

644.00

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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17 20a 18 20b 19a 20c 19b 21

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Altoona 1st Southern Baptist Church

Mailing Address 903 North Fourth Street

City Altoona State PA Zip Code 16801

Purpose of Disbursement
 Donations

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

012
 Category/
 Type

Transaction ID: SB21-EX3707
 Date of Disbursement

08 / 10 / 2005

Amount of Each Disbursement this Period

200.00

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

Donations

Full Name (Last, First, Middle Initial)
B. Brenneman's Meat Market

Mailing Address 211 South Tenth Street

City Huntingdon State PA Zip Code 16652

Purpose of Disbursement
 Donations

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

012
 Category/
 Type

Transaction ID: SB21-EX3711
 Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

75.00

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

Donations

Full Name (Last, First, Middle Initial)
C. Swiss Club of Altoona

Mailing Address 1224 Tyler Avenue

City Altoona State PA Zip Code 16802

Purpose of Disbursement
 Donations

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

012
 Category/
 Type

Transaction ID: SB21-EX3729
 Date of Disbursement

08 / 28 / 2005

Amount of Each Disbursement this Period

100.00

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

Donations

SUBTOTAL of Disbursements This Page (optional) ▶

375.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 70

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Alfred J Mignogna Jr Endowment Fund

Mailing Address PO Box 44

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Donations

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3737

Date of Disbursement

09 / 01 / 2005

Amount of Each Disbursement this Period

50.00

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

Donations

Full Name (Last, First, Middle Initial)
B. Indiana County Head Start, Inc

Mailing Address 528 Gompers Avenue

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Donations

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB21-EX3748

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

50.00

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

Donations

Full Name (Last, First, Middle Initial)
C. Fitzpatrick for Congress

Mailing Address 115 North Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
Political Contributions

Candidate Name
Michael Fitzpatrick

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: PA District 8

011
Category/
Type

Transaction ID: SB21-EX3769

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

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

Political Contributions

SUBTOTAL of Disbursements This Page (optional) ▶

1100.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

PAGE 62 / 70

<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. St. Vincent Depaul Society

Mailing Address 2223 Eighth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
 Promotional Tickets

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

012
 Category/
 Type

Transaction ID: SB21-EX3770
 Date of Disbursement

09 / 29 / 2005

Amount of Each Disbursement this Period

40.00

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

Donations

SUBTOTAL of Disbursements This Page (optional) ▶

40.00

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

3536.60

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 63 / 70
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN15

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 15502		
Original Amount of Loan 200000.00	Cumulative Payment To Date 200000.00	Balance Outstanding at Close of This Period .00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	12 th 23 rd 2004	20050930	6.2500 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 64 / 70
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN16

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 40000.00	Cumulative Payment To Date 40000.00	Balance Outstanding at Close of This Period .00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	06 th 28 th 2005	20050930	6.2500 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 65 / 70
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN17

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 200000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 200000.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	09 th 30 th 2005	20090131	7.2500% (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

SUBTOTALS This Period This Page (optional)	200000.00
TOTALS This Period (last page in this line only)	200000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C-1

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
information found on
Page 66 / 70 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) Bill Shuster for Congress		FEC IDENTIFICATION NUMBER C00384935	
Back Ref ID: SC10-LN17			
LENDING INSTITUTION (LENDER) Full Name S&T Bank	Amount of Loan 200000.00	Interest Rate (APR) 7.2500 %	
Mailing Address Commercial Landing 209 West Plank Road	Date Incurred or Established 09 30 2005	Date Due 20060131	
City Altoona	State Zip Code PA 16802		
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : 09 30 2005			
B. If line of credit. Amount of this Draw: .00		Total Outstanding balance : .00	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? .00 Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>Donations and Fundraisers</u>		What is the estimated value? 200000.00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: 02 01 2005		Location of account S&T Bank Address: PO Box 27 City, State, Zip: Altoona PA 16846	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Frederick A Ciocca Signature _____		DATE 09 30 2005	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Richard Scholton Signature _____		DATE 09 30 2005	
Title Sr Regional VP			

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 67 / 70
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Covington & Burling		Nature of Debt (Purpose): Invoice: Invoice 60339385 Administrative	
Mailing Address 1201 Pennsylvania Avenue, NW			
City Washington	State DC	ZIP Code 20004	
Outstanding Balance Beginning This Period 31816.23		Transaction ID: SD10-INV3269	
Amount Incurred This Period .00	Payment This Period 6816.23	Outstanding Balance at Close of This Period 25000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Wireless		Nature of Debt (Purpose): Invoice: 519888D59-D0001 Administrative	
Mailing Address PO Box 17464			
City Baltimore	State MD	ZIP Code 21297	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV363D	
Amount Incurred This Period 80.05	Payment This Period .00	Outstanding Balance at Close of This Period 80.05	

1) SUBTOTALS This Period This Page (optional)	▶	25080.05
2) TOTALS This Period (last page this line number only)	▶	25080.05
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor IS2 Technologies, Inc.		Nature of Debt (Purpose): Invoice: Upgrade of antivirus-Invoice 72	
Mailing Address 3018 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 30.00		Transaction ID: SD9-INV3514	
Amount Incurred This Period .00	Payment This Period 30.00	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon		Nature of Debt (Purpose): Invoice: 814 898 0225 608 28 Y Administr	
Mailing Address PO Box 8585			
City Philadelphia	State PA	ZIP Code 19173	
Outstanding Balance Beginning This Period 143.48		Transaction ID: SD9-INV3517	
Amount Incurred This Period .00	Payment This Period 143.48	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor IS2 Technologies, Inc.		Nature of Debt (Purpose): Invoice: Server repair-Invoice 7264 Admi	
Mailing Address 3018 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 100.00		Transaction ID: SD9-INV3515	
Amount Incurred This Period .00	Payment This Period 100.00	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 69 / 70
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nemacolin Woodlands Resort & Spa		Nature of Debt (Purpose): Invoice: Deposit for room- s-Nemacolin eve	
Mailing Address 1001 LaFayette Drive			
City	State	ZIP Code	
Farmington	PA	15437	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3624	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
3218.65	7500.00	4281.35	

1) SUBTOTALS This Period This Page (optional)	▶	4281.35
2) TOTALS This Period (last page this line number only)	▶	4281.35
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Form/Schedule: F3A

Transaction ID:

The accompanying Report of Receipts and Disbursements from July 1, 2005 through September 30, 2005 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 as treasurer of the Bill Shuster for Congress Committee. This report is being amended due to refunds on previously reported expenditures.
