

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

BILL SHUSTER FOR CONGRESS

ADDRESS (number and street)

PO BOX 27

Check if different than previously reported. (ACC)

HOLLIDAYSBURG

PA

16648

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00364935

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

PA

09

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2018

through

M M /

D D /

Y Y Y Y 2018

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

KILGORE, PAUL, A, ,

Type or Print Name of Treasurer

KILGORE, PAUL, A, ,

Signature of Treasurer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
BILL SHUSTER FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	1402495.00
(b) Total Contribution Refunds (from Line 20(d))	- 32200.00	155650.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	32200.00	1246845.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17531.31	970988.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	7348.10
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17531.31	963640.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	693647.21	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

BILL SHUSTER FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	509370.00
(ii) Unitemized.....	0.00	1875.00
(iii) TOTAL of contributions from individuals ▶	0.00	511245.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	891250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1402495.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	7348.10
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	1409843.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17531.31	970988.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	- 20000.00	42950.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	- 12200.00	112700.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	- 32200.00	155650.00
21. OTHER DISBURSEMENTS	131200.00	143525.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	116531.31	1270163.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	810178.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	810178.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	116531.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	693647.21

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

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

NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BERKE FARAH LLP			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2018		
Mailing Address 2101 L STREET NW STE. 1000			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement LEGAL FEES		Category/ Type 001	Transaction ID : SB17.117642		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. BERKE FARAH LLP			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018		
Mailing Address 2101 L STREET NW STE. 1000			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement LEGAL FEES		Category/ Type 001	Transaction ID : SB17.117679		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. BERKE FARAH LLP			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2018		
Mailing Address 2101 L STREET NW STE. 1000			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement LEGAL FEES		Category/ Type 001	Transaction ID : SB17.117684		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
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 6 OF 19			
	<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. BURGESSON, ERIC, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2018		
Mailing Address 2403 N. UTAH ST.			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22207	Amount of Each Disbursement this Period - 116.74		
Purpose of Disbursement VOID OF PREVIOUS - DUPLICATE PAYMENT		Category/ Type 001	Transaction ID : SB17.117650		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. BURGESSON, ERIC, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2018		
Mailing Address 2403 N. UTAH ST.			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22207	Amount of Each Disbursement this Period 188.57		
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.117682		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. ELECTEKUSA			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2018		
Mailing Address PO BOX 23715			FEC Identification Number C		
City CHAGRIN FALLS	State OH	Zip Code 44023	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117643		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	871.83
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 7 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ELECTEKUSA		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018
Mailing Address PO BOX 23715		FEC Identification Number C
City CHAGRIN FALLS	State OH	Zip Code 44023
Purpose of Disbursement SOFTWARE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 800.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ELECTEKUSA		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2018
Mailing Address PO BOX 23715		FEC Identification Number C
City CHAGRIN FALLS	State OH	Zip Code 44023
Purpose of Disbursement SOFTWARE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 800.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FORD CREDIT		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2018
Mailing Address BOX 220564		FEC Identification Number C
City PITTSBURGH	State PA	Zip Code 15257
Purpose of Disbursement CAMPAIGN VEHICLE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1820.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3420.20
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 19	
	<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. GROSSMAN, ANDREW, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2018	
Mailing Address 3714 LEYLAND DR			FEC Identification Number C	
City MECHANICSBURG	State PA	Zip Code 17050	Amount of Each Disbursement this Period - 280.92	
Purpose of Disbursement VOID OF PREVIOUS - ILLEGITIMATE EXPENSE		Category/ Type 001	Transaction ID : SB17.117655	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. HUNTINGDON COUNTY GOP			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2018	
Mailing Address PO BOX 61			FEC Identification Number C	
City HUNTINGDON	State PA	Zip Code 16652	Amount of Each Disbursement this Period - 150.00	
Purpose of Disbursement VOID OF PREVIOUS - ILLEGITIMATE EXPENSE		Category/ Type 001	Transaction ID : SB17.117648	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. I360			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2018	
Mailing Address PO BOX 37046			FEC Identification Number C	
City BALTIMORE	State MD	Zip Code 21297	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117686	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	- 230.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<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. KORB, ASHLEY, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2018
Mailing Address 10 SILVER BROOK ROAD		FEC Identification Number C
City SALEM	State NH	Zip Code 03079
Purpose of Disbursement SEE MEMO		001
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2902.81
State: District:		Transaction ID : SB17.117646
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. THE LANGHAM		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2018
Mailing Address 250 FRANKLIN STREET		FEC Identification Number C
City BOSTON	State MA	Zip Code 02110
Purpose of Disbursement EVENT CATERING		001
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2902.81
State: District:		Transaction ID : SB17.117647
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. OCCUPATIONAL SERVICES INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2018
Mailing Address 17 REDWOOD STREET		FEC Identification Number C
City CHAMBERSBURG	State PA	Zip Code 17201
Purpose of Disbursement SHREDDING SERVICE		001
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 15.66
State: District:		Transaction ID : SB17.117638
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2918.47
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19			
	<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. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE
STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement COMPLIANCE CONSULTING Category/Type

Candidate Name

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

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
04 / 03 / 2018

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : SB17.117639

Memo Item

Full Name (Last, First, Middle Initial)

B. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE
STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement COMPLIANCE CONSULTING Category/Type

Candidate Name

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

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
05 / 10 / 2018

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : SB17.117681

Memo Item

Full Name (Last, First, Middle Initial)

C. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE
STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement COMPLIANCE CONSULTING Category/Type

Candidate Name

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

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
05 / 31 / 2018

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : SB17.117683

Memo Item

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

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

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. S&T BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2018
Mailing Address 1100 LOGAN BLVD		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement BANK FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 80.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. S&T BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2018
Mailing Address 1100 LOGAN BLVD		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement BANK FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 80.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. S&T BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2018
Mailing Address 1100 LOGAN BLVD		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement BANK FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	185.00
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 12 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. S&T BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018
Mailing Address 1100 LOGAN BLVD		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement BANK FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 432.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. S&T BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2018
Mailing Address 1100 LOGAN BLVD		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement BANK FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 80.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. STATE FARM INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2018
Mailing Address 715 LEXINGTON AVENUE		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16601
Purpose of Disbursement INSURANCE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 900.92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1412.92
TOTAL This Period (last page this line number only).....▶	18219.80

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

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHOUEST, CASEY, J., ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018		
Mailing Address 16055 E MAIN ST					
City CUT OFF	State LA	Zip Code 70345	FEC Identification Number C		
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		Category/ Type 010	Amount of Each Disbursement this Period - 2700.00		
Candidate Name		Transaction ID : SB20A.117668			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. FAIN, RICHARD, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018		
Mailing Address 700 ARVIDA PKWY					
City CORAL GABLES	State FL	Zip Code 33156	FEC Identification Number C		
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		Category/ Type 010	Amount of Each Disbursement this Period - 1400.00		
Candidate Name		Transaction ID : SB20A.117671			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. KIGER, SCOTT, A., ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018		
Mailing Address 70 GUM SPRING RD.					
City MORGANTOWN	State WV	Zip Code 26508	FEC Identification Number C		
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		Category/ Type 010	Amount of Each Disbursement this Period - 1800.00		
Candidate Name		Transaction ID : SB20A.117664			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY 2018		<input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	- 5900.00
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 14 OF 19			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LANHAM, PAMELA, J., ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018		
Mailing Address 2210 BRITTON RIDGE DR			FEC Identification Number C		
City KATY	State TX	Zip Code 77494	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		Category/ Type 010	Transaction ID : SB20A.117670		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. LITTLEFAIR, ANDREW, J., ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018		
Mailing Address 124 VIA TRIESTE			FEC Identification Number C		
City NEWPORT BEACH	State CA	Zip Code 92663	Amount of Each Disbursement this Period - 1000.00		
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		Category/ Type 010	Transaction ID : SB20A.117666		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MCGIVERN, TIMOTHY, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018		
Mailing Address 1335 R STREET NW #2			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20009	Amount of Each Disbursement this Period - 300.00		
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		Category/ Type 010	Transaction ID : SB20A.117672		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	- 4000.00
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 15 OF 19			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MITCHELL, WARREN, I., ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018		
Mailing Address 16291 BOLERO LN			FEC Identification Number C		
City HUNTINGTON BEACH	State CA	Zip Code 92649	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		Category/ Type 010	Transaction ID : SB20A.117673		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. PARKER, DOUG, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018		
Mailing Address 3517 LEXINGTON AVE.			FEC Identification Number C		
City DALLAS	State TX	Zip Code 75205	Amount of Each Disbursement this Period - 2000.00		
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		Category/ Type 010	Transaction ID : SB20A.117665		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. WEISMAN, JOHN, R., ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018		
Mailing Address 8623 FM 1102			FEC Identification Number C		
City NEW BRAUNFELS	State TX	Zip Code 78132	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		Category/ Type 010	Transaction ID : SB20A.117669		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	- 7400.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WEISMAN, ANNE, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018		
Mailing Address 8623 FM 1102			FEC Identification Number C		
City NEW BRAUNFELS	State TX	Zip Code 78132	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		Category/ Type 010	Transaction ID : SB20A.117667		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	- 2700.00
TOTAL This Period (last page this line number only).....▶	- 20000.00

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

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

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN WATERWAYS OPERATORS PAC			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018
Mailing Address 801 QUINCY ST N SUITE 200			FEC Identification Number C C00034678
City ARLINGTON	State VA	Zip Code 22203	Amount of Each Disbursement this Period - 5000.00
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		Category/ Type 010	Transaction ID : SB20C.117674
Candidate Name AMERICAN WATERWAYS OPERATORS PAC		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. DAY & ZIMMERMAN INC FEDERAL			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018
Mailing Address 1655 FORT MYER DR N SUITE 520			FEC Identification Number C C00341271
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period - 1000.00
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		Category/ Type 010	Transaction ID : SB20C.117675
Candidate Name DAY & ZIMMERMAN INC FEDERAL		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. HNTB HOLDINGS LTD PAC			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018
Mailing Address 715 KIRK DR			FEC Identification Number C C00386029
City KANSAS CITY	State MO	Zip Code 64105	Amount of Each Disbursement this Period - 2700.00
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		Category/ Type 010	Transaction ID : SB20C.117676
Candidate Name HNTB HOLDINGS LTD PAC		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	- 8700.00
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 18 OF 19	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES PAC		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018
Mailing Address 7234 PARKWAY DRIVE		FEC Identification Number C C0000885
City HANOVER	State MD	Zip Code 21076
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		010
Candidate Name INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES PAC		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period - 2500.00
State: District:		Transaction ID : SB20C.117677 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. NATIONAL MULTI HOUSING COUNCIL PAC		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018
Mailing Address 1850 M ST NW SUITE 540		FEC Identification Number C C00130773
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement VOID OF PREVIOUS - SEE LINE 21		010
Candidate Name NATIONAL MULTI HOUSING COUNCIL PAC		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY 2014	Amount of Each Disbursement this Period - 1000.00
State: District:		Transaction ID : SB20C.117663 <input type="checkbox"/> Memo Item

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

SUBTOTAL of Disbursements This Page (optional).....▶	- 3500.00
TOTAL This Period (last page this line number only).....▶	- 12200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 19	
	<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. CLA PAC		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2018
Mailing Address 2600 VIRGINIA AVE NW		FEC Identification Number C C00678185
City WASHINGTON	State DC	Zip Code 20037
Purpose of Disbursement POLITICAL CONTRIBUTION		011
Candidate Name CLA PAC		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 100000.00
State: District:		Transaction ID : SB21.117662 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. MEADOWS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2018
Mailing Address PO BOX 811		FEC Identification Number C C00503094
City HIGHLANDS	State NC	Zip Code 28741
Purpose of Disbursement VOID OF PREVIOUS - CONTRIBUTION NOT RECEIVED		011
Candidate Name MEADOWS, MARK, , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ GENERAL 2012	Amount of Each Disbursement this Period - 1000.00
State: NC District: 11		Transaction ID : SB21.117649 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. UNITED STATES TREASURY		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018
Mailing Address 3700 EAST-WEST HIGHWAY		FEC Identification Number C
City HYATTSVILLE	State MD	Zip Code 20782
Purpose of Disbursement DISGORGEMENT OF UNCASHED REFUNDS - SEE LINE 20		012
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 32200.00
State: District:		Transaction ID : SB21.117678 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	131200.00
TOTAL This Period (last page this line number only).....▶	131200.00