

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00364935
CITY STATE ZIP CODE STATE DISTRICT
PA 09
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

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 05 06 2010

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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)).....	47132.78	424531.77
(b) Total Contribution Refunds (from Line 20(d)).....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	47132.78	424531.77
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	65548.87	314427.74
(b) Total Offsets to Operating Expenditures (from Line 14).....		5589.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	65548.87	308838.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	174203.58	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Bill Shuster for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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	16300.00	168588.99
(i) Itemized (use Schedule A).....	300.00	6477.00
(ii) Unitemized.....	16600.00	175065.99
(iii) TOTAL of contributions from individuals..... ▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACS).....	30532.78	249465.78
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	47132.78	424531.77
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
13. LOANS		
(a) Made or Guaranteed by the Candidate.....		
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		5589.67
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	47132.78	430121.44

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....	65548.87	314427.74
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of all Other Loans.....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS.....	11248.59	34790.71
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	76797.46	349218.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	203868.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	47132.78
25. SUBTOTAL (add Line 23 and Line 24).....	251001.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	76797.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	174203.58

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

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

FOR LINE NUMBER: PAGE 5 / 79
(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

A. Full Name (Last, First, Middle Initial)
Betty Bridendolph-Nalley

Mailing Address 14144 Buchanan Trl W

City State Zip Code
Mercersburg PA 17236

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bridendolphs Planning Mill & Mulch President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: SA11Ai-CN6994

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Paul J Bruder, Jr.

Mailing Address 351 29th St N

City State Zip Code
Camp Hill PA 17011

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Rhoads & Sinon LLP Attorney At Law

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 1 0

Transaction ID: SA11Ai-CN6992

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Richard J Corman

Mailing Address 1409 Jessamine Station Rd

City State Zip Code
Nicholasville KY 40356

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Owner R.J. Corman Railroad Group LLC

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: SA11Ai-CN7001

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 304 Ward Ave E

City Altoona State PA Zip Code 16602

FEC ID number of contributing federal political committee. C

Name of Employer Blair Companies Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3400.00

Date of Receipt 02 / 25 / 2010
Transaction ID: SA11Ai-CN6996
 Amount of Each Receipt this Period 2400.00

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

Mailing Address 304 Ward Ave E

City Altoona State PA Zip Code 16602

FEC ID number of contributing federal political committee. C

Name of Employer Blair Companies Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 02 / 25 / 2010
Transaction ID: SA11Ai-CN6997
 Amount of Each Receipt this Period -1000.00
 Redesignated to General 2010
[MEMO ITEM]
 Redesignated

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

Mailing Address 304 Ward Ave E

City Altoona State PA Zip Code 16602

FEC ID number of contributing federal political committee. C

Name of Employer Blair Companies Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3400.00

Date of Receipt 02 / 25 / 2010
Transaction ID: SA11Ai-CN6998
 Amount of Each Receipt this Period 1000.00
 Redesignated from Primary 2010
[MEMO ITEM]
 Redesignation

SUBTOTAL of Receipts This Page (optional) 2400.00

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 7 / 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Richard Fain
Mailing Address 700 Arvida Pkwy
City State Zip Code
Coral Gables FL 33156
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Royal Caribbean International Chairman & CEO
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Transaction ID: SA11Ai-CN7020
 Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
William G Harris
Mailing Address 502 Cherry Ln
City State Zip Code
Johnstown PA 15904
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Cambria County County Commissioner
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	0

Transaction ID: SA11Ai-CN7012
 Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Patricia Ann Herring
Mailing Address 4253 Glades Pike
City State Zip Code
Somerset PA 15501
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
J E Herring Motor Company Owner
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	0

Transaction ID: SA11Ai-CN7011
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
A. Stevens Krug

Mailing Address 318 Parke Hollow Lane

City State Zip Code
West Chester PA 19380

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Spieze Group Inc President & COO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 1 0

Transaction ID: SA11Ai-CN6991

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Robert L Maher, P.D

Mailing Address 207 James Ave

City State Zip Code
Patton PA 16668

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Patton Pharmacy Consultant Pharmacist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 1 0

Transaction ID: SA11Ai-CN7014

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dale W Miller

Mailing Address 6311 Clair Dr

City State Zip Code
Huntingdon PA 16652

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Employed Contractor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: SA11Ai-CN6999

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 9 / 79
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Barry D Rhoads

Mailing Address 6793 Father John Ct

City State Zip Code
Mc Lean VA 22101

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Rhoads' Group Government Relations

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 1 0

Transaction ID: SA11Ai-CN7025

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Darrell L Wilson

Mailing Address 605 Fontaine St

City State Zip Code
Alexandria VA 22302

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Norfolk Southern Corporation Director Public Affairs

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11Ai-CN7017

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Hok Fung (John) Yau

Mailing Address 1883 Pleasant Valley Blvd E

City State Zip Code
Altoona PA 16602

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Optia/United Computer Products Co Inc Computer Sales

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 0

Transaction ID: SA11Ai-CN7009

Amount of Each Receipt this Period
2300.00

SUBTOTAL of Receipts This Page (optional) 3800.00

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 10 / 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Hok Shun (Danny) Yau

Mailing Address 1883 Pleasant Valley Blvd E

City State Zip Code
Altoona PA 16602

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

Name of Employer Occupation
Optia/United Computer Pro- Computer Sales
ducts Co Inc

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: SA11Ai-CN7008

Amount of Each Receipt this Period
2300.00

4600.00

B. Full Name (Last, First, Middle Initial)
Hoklai (Tony) Yau

Mailing Address 204 Linwood Dr

City State Zip Code
Altoona PA 16602

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

Name of Employer Occupation
Optia/United Computer Pro- Computer Sales
ducts Co Inc

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: SA11Ai-CN7010

Amount of Each Receipt this Period
2300.00

4600.00

SUBTOTAL of Receipts This Page (optional)	▶	4600.00
TOTAL This Period (last page this line number only)	▶	16300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
NRCC
Mailing Address 320 1st St SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C** C00075820
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 32.78
Date of Receipt 01 / 14 / 2010
Transaction ID: SA11C-CN6987
Amount of Each Receipt this Period 32.78
In-Kind Received Fundraising consulting services

B. Full Name (Last, First, Middle Initial)
PPL People For Good Govt
Mailing Address Two North Ninth St
City Allentown State PA Zip Code 18101
FEC ID number of contributing federal political committee. **C** C00228106
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 01 / 05 / 2010
Transaction ID: SA11C-CN6983
Amount of Each Receipt this Period 2000.00

C. Full Name (Last, First, Middle Initial)
Aircraft Owners Pilots Association
Mailing Address 421 Aviation Way
City Frederick State MD Zip Code 21701
FEC ID number of contributing federal political committee. **C** C00131185
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 02 / 24 / 2010
Transaction ID: SA11C-CN6995
Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 4532.78
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 12 / 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
American Hospital Association

Mailing Address 325 7th St NW
Liberty Place Suite 700

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11C-CN7018

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
Arent Fox LLP

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00241380

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 5 / 2 0 1 0

Transaction ID: SA11C-CN6984

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
AT&T Inc Federal PAC

Mailing Address 208 Akard St S
Suite 3521

City Dallas State TX Zip Code 75202

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 6 / 2 0 1 0

Transaction ID: SA11C-CN7003

Amount of Each Receipt this Period
 500.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
AT&T Inc Federal PAC

Mailing Address 208 Akard St S
Suite 3521

City State Zip Code
Dallas TX 75202

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: SA11C-CN7004

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
AT&T Inc Federal PAC

Mailing Address 208 Akard St S
Suite 3521

City State Zip Code
Dallas TX 75202

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: SA11C-CN7005

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
Chesapeake Energy Corporation Federal

Mailing Address PO Box 18576

City State Zip Code
Oklahoma City OK 73112

FEC ID number of contributing federal political committee. **C** C00389288

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: SA11C-CN7019

Amount of Each Receipt this Period
1500.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 79
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
H J Heinz Company

Mailing Address 1PPG Place
Suite 3100

City Pittsburgh State PA Zip Code 15222

FEC ID number of contributing federal political committee. **C** C00336040

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: SA11C-CN6986

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
HDR Inc PAC

Mailing Address 8404 Indian Hills Dr

City Omaha State NE Zip Code 68114

FEC ID number of contributing federal political committee. **C** C00103903

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 1 0

Transaction ID: SA11C-CN6985

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JM Family Enterprises Inc PAC

Mailing Address 111 Jim Moran Blvd

City Deerfield Beach State FL Zip Code 33442

FEC ID number of contributing federal political committee. **C** C00240911

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 1 0

Transaction ID: SA11C-CN7006

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association
Mailing Address 1101 King St Suite 600

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 16 / 2010
Transaction ID: SA11C-CN7007
 Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association
Mailing Address 1101 King St Suite 600

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2010
Transaction ID: SA11C-CN7013
 Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
NFG FED
Mailing Address 10 Lafayette Square

City State Zip Code
Buffalo NY 14203

FEC ID number of contributing federal political committee. **C** C00083758

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2010
Transaction ID: SA11C-CN7023
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
PPG Better Government Team

Mailing Address One PPG PI 40 E

City State Zip Code
Pittsburgh PA 15272

FEC ID number of contributing federal political committee. **C** C00034298

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2010

Transaction ID: SA11C-CN7022

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 430 Michigan Ave N

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2010

Transaction ID: SA11C-CN7016

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 5700 6th Ave

City State Zip Code
Altoona PA 16602

FEC ID number of contributing federal political committee. **C** C00219121

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2010

Transaction ID: SA11C-CN7015

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Turkish Coalition USA

Mailing Address 1025 Connecticut Ave
Suite 1000

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2010

Transaction ID: SA11C-CN7021

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	30532.78

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 525 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Yearly PO Box rental fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX6605</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="70.00"/></p> <p>Yearly PO Box rental fee</p>
<p>B. Full Name (Last, First, Middle Initial) William Shuster</p> <p>Mailing Address 455 Overlook Drive</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Taxi reimbursements</p> <p>Candidate Name William Shuster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 09</p>	<p>Transaction ID: SB17-EX6558</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="215.00"/></p> <p>Taxi reimbursements</p>
<p>C. Full Name (Last, First, Middle Initial) William Shuster</p> <p>Mailing Address 455 Overlook Drive</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Expense reimbursement-meals</p> <p>Candidate Name William Shuster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 09</p>	<p>Transaction ID: SB17-EX6697</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.01"/></p> <p>Expense reimbursement-meals</p>

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Ciocca Benton & Okonak P.C. <hr/> Mailing Address 912 Pleasant Valley Blvd <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Accounting services Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6622 Date of Disbursement 02 / 19 / 2010 <hr/> Amount of Each Disbursement this Period 2137.44 <hr/> Accounting services
B.	Full Name (Last, First, Middle Initial) Ciocca Benton & Okonak P.C. <hr/> Mailing Address 912 Pleasant Valley Blvd <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement HP Ink Cartridge Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6694 Date of Disbursement 03 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 67.83 <hr/> HP Ink Cartridge
C.	Full Name (Last, First, Middle Initial) Copy Rite & Banner Zone <hr/> Mailing Address 301 Allegheny Street <hr/> City Hollidaysburg State PA Zip Code 16648 <hr/> Purpose of Disbursement Copies Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6625 Date of Disbursement 02 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 153.74 <hr/> Copies

SUBTOTAL of Disbursements This Page (optional) ▶

2359.01

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Copy Rite & Banner Zone

Mailing Address 301 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Copies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6626
Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

20.56

Copies

B.

Full Name (Last, First, Middle Initial)
Copy Rite & Banner Zone

Mailing Address 301 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Copies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6627
Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

133.56

Copies

C.

Full Name (Last, First, Middle Initial)
Copy Rite & Banner Zone

Mailing Address 301 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Petition Copies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6628
Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

31.38

Petition Copies

SUBTOTAL of Disbursements This Page (optional)

185.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 79

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Copy Rite & Banner Zone

Mailing Address 301 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Petition Copies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6629
Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

30.53

Petition Copies

B.

Full Name (Last, First, Middle Initial)
Copy Rite & Banner Zone

Mailing Address 301 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Petition Copies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6631
Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

5.83

Petition Copies

C.

Full Name (Last, First, Middle Initial)
Copy Rite & Banner Zone

Mailing Address 301 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Petition Copies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6630
Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

4.24

Petition Copies

SUBTOTAL of Disbursements This Page (optional) ▶

40.60

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Copy Rite & Banner Zone

Mailing Address 301 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Petition Copies
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17-EX6632
Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

25.02

Petition Copies

B.

Full Name (Last, First, Middle Initial)
Copy Rite & Banner Zone

Mailing Address 301 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Petition Copies
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17-EX6633
Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

40.70

Petition Copies

C.

Full Name (Last, First, Middle Initial)
Copy Rite & Banner Zone

Mailing Address 301 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Copies
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17-EX6680
Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

4.45

Copies

SUBTOTAL of Disbursements This Page (optional)

70.17

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) Copy Rite & Banner Zone</p> <p>Mailing Address 301 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Copies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6681</p> <p>Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 13.06</p> <p>001 Category/ Type</p> <p>Copies</p>
<p>B. Full Name (Last, First, Middle Initial) Copy Rite & Banner Zone</p> <p>Mailing Address 301 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Copies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6693</p> <p>Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 5.83</p> <p>001 Category/ Type</p> <p>Copies</p>
<p>C. Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 15026</p> <p>City Albany State NY Zip Code 12212</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6545</p> <p>Date of Disbursement 01 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 188.37</p> <p>001 Category/ Type</p> <p>Telephone</p>

SUBTOTAL of Disbursements This Page (optional) ▶

207.26

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB17-EX6611
	Mailing Address PO Box 15026	Date of Disbursement 02 / 12 / 2010
	City Albany State NY Zip Code 12212	Amount of Each Disbursement this Period 187.05
	Purpose of Disbursement Telephone Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Telephone

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB17-EX6677
	Mailing Address PO Box 15026	Date of Disbursement 03 / 10 / 2010
	City Albany State NY Zip Code 12212	Amount of Each Disbursement this Period 217.63
	Purpose of Disbursement Telephone Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Telephone

C.	Full Name (Last, First, Middle Initial) State Farm Insurance	Transaction ID: SB17-EX6645
	Mailing Address 715 Lexington Avenue	Date of Disbursement 02 / 26 / 2010
	City Altoona State PA Zip Code 16601	Amount of Each Disbursement this Period 339.00
	Purpose of Disbursement Insurance Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Insurance

SUBTOTAL of Disbursements This Page (optional)	743.68
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)

PAGE 25 / 79

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) NRCC Incumbent Fund</p> <p>Mailing Address 320 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Dues</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX6564</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p> <p>Dues</p>
<p>B. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX6646</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="125.59"/></p> <p>Meals</p>
<p>C. Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX6689</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="167.58"/></p> <p>Postage</p>

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
UPS

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6690
Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

75.48

Postage

B.

Full Name (Last, First, Middle Initial)
UPS

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6703
Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

48.79

Postage

C.

Full Name (Last, First, Middle Initial)
Franklin Co Republican Committee

Mailing Address Suite 293 South Gate Mall

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
Full page ad

Candidate Name

004
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6644
Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

125.00

Full page ad

SUBTOTAL of Disbursements This Page (optional)

249.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Trail Blazer Campaign Services Inc.	Transaction ID: SB17-EX6557 Date of Disbursement
	Mailing Address 5115 Excelsior Blvd Suite 103	<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Minneapolis State MN Zip Code 55416	Amount of Each Disbursement this Period
	Purpose of Disbursement Annual Software License Candidate Name	<input type="text" value="3000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Annual Software License

B.	Full Name (Last, First, Middle Initial) Roger Osbaugh	Transaction ID: SB17-EX6618 Date of Disbursement
	Mailing Address 1153 Leisure Drive	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City Chambersburg State PA Zip Code 17202	Amount of Each Disbursement this Period
	Purpose of Disbursement Mileage Reimbursement Candidate Name	<input type="text" value="14.60"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Mileage Reimbursement

C.	Full Name (Last, First, Middle Initial) Roger Osbaugh	Transaction ID: SB17-EX6643 Date of Disbursement
	Mailing Address 1153 Leisure Drive	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Chambersburg State PA Zip Code 17202	Amount of Each Disbursement this Period
	Purpose of Disbursement Mileage reimbursement Candidate Name	<input type="text" value="8.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Mileage reimbursement

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3023.10"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Roger Osbaugh <hr/> Mailing Address 1153 Leisure Drive <hr/> City Chambersburg State PA Zip Code 17202 <hr/> Purpose of Disbursement Mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6684 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 57.20 <hr/> Mileage reimbursement
B.	Full Name (Last, First, Middle Initial) Roger Osbaugh <hr/> Mailing Address 1153 Leisure Drive <hr/> City Chambersburg State PA Zip Code 17202 <hr/> Purpose of Disbursement Mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6695 Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 28.70 <hr/> Mileage reimbursement
C.	Full Name (Last, First, Middle Initial) Roger Osbaugh <hr/> Mailing Address 1153 Leisure Drive <hr/> City Chambersburg State PA Zip Code 17202 <hr/> Purpose of Disbursement Mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6705 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 148.00 <hr/> Mileage reimbursement

SUBTOTAL of Disbursements This Page (optional) ▶	233.90
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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Roger Osbaugh

Transaction ID: SB17-EX6736
Date of Disbursement

Mailing Address 1153 Leisure Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

City Chambersburg State PA Zip Code 17202

Amount of Each Disbursement this Period

36.80

Purpose of Disbursement
Mileage and ticket reimbursement
Candidate Name

001
Category/ Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Mileage and ticket reimbursement

B.

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

Transaction ID: SB17-EX6563
Date of Disbursement

Mailing Address PO Box 25505

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

City Lehigh Valley State PA Zip Code 18002

Amount of Each Disbursement this Period

727.34

Purpose of Disbursement
Telephone
Candidate Name

001
Category/ Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Telephone

C.

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

Transaction ID: SB17-EX6639
Date of Disbursement

Mailing Address PO Box 25505

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	0

City Lehigh Valley State PA Zip Code 18002

Amount of Each Disbursement this Period

626.57

Purpose of Disbursement
Telephone
Candidate Name

001
Category/ Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Telephone

SUBTOTAL of Disbursements This Page (optional)

1390.71

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

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

Mailing Address PO Box 25505

City State Zip Code
Lehigh Valley PA 18002

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX6707
Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

529.06

Telephone

B.

Full Name (Last, First, Middle Initial)
DSK Consultants

Mailing Address 530 Garber Street

City State Zip Code
Hollidaysburg PA 16648

Purpose of Disbursement
Retainer for Campaign Fundraising

Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX6548
Date of Disbursement

01 / 08 / 2010

Amount of Each Disbursement this Period

3000.00

Retainer for Campaign Fundraising

C.

Full Name (Last, First, Middle Initial)
DSK Consultants

Mailing Address 530 Garber Street

City State Zip Code
Hollidaysburg PA 16648

Purpose of Disbursement
Retainer for Campaign Fundraising

Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX6704
Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

3000.00

Retainer for Campaign Fundraising

SUBTOTAL of Disbursements This Page (optional)

6529.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) ATLANTIC broadband	Transaction ID: SB17-EX6546 Date of Disbursement 01 / 08 / 2010
	Mailing Address Box 371801	Amount of Each Disbursement this Period 56.95
	City Pittsburgh State PA Zip Code 15250	
	Purpose of Disbursement Internet Service Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) ATLANTIC broadband	Transaction ID: SB17-EX6554 Date of Disbursement 01 / 13 / 2010
	Mailing Address Box 371801	Amount of Each Disbursement this Period 129.95
	City Pittsburgh State PA Zip Code 15250	
	Purpose of Disbursement Internet Service Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) ATLANTIC broadband	Transaction ID: SB17-EX6561 Date of Disbursement 01 / 27 / 2010
	Mailing Address Box 371801	Amount of Each Disbursement this Period 60.20
	City Pittsburgh State PA Zip Code 15250	
	Purpose of Disbursement Internet Service Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

247.10

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) ATLANTIC broadband Mailing Address Box 371801 City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6608 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 129.95 Internet Service

B. Full Name (Last, First, Middle Initial) ATLANTIC broadband Mailing Address Box 371801 City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6638 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 56.95 Internet Service

C. Full Name (Last, First, Middle Initial) ATLANTIC broadband Mailing Address Box 371801 City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6676 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 129.95 Internet Service

SUBTOTAL of Disbursements This Page (optional)	316.85
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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

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

Transaction ID: SB17-EX6691
Date of Disbursement

Mailing Address Box 371801

<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
03 / 17 / 2010

City Pittsburgh State PA Zip Code 15250

Amount of Each Disbursement this Period

Purpose of Disbursement Internet Service
Candidate Name
001
Category/Type

<input type="text"/>
56.95

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Internet Service

B.

Full Name (Last, First, Middle Initial)
CenPenn Realty LLC

Transaction ID: SB17-EX6544
Date of Disbursement

Mailing Address 513 Allegheny Street

<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
01 / 08 / 2010

City Hollidaysburg State PA Zip Code 16648

Amount of Each Disbursement this Period

Purpose of Disbursement January 2010 rent
Candidate Name
001
Category/Type

<input type="text"/>
500.00

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

January 2010 rent

C.

Full Name (Last, First, Middle Initial)
CenPenn Realty LLC

Transaction ID: SB17-EX6567
Date of Disbursement

Mailing Address 513 Allegheny Street

<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
01 / 27 / 2010

City Hollidaysburg State PA Zip Code 16648

Amount of Each Disbursement this Period

Purpose of Disbursement February 2010 rent
Candidate Name
001
Category/Type

<input type="text"/>
500.00

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

February 2010 rent

SUBTOTAL of Disbursements This Page (optional)

<input type="text"/>
1056.95

TOTAL This Period (last page this line number only)

<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CenPenn Realty LLC</p> <p>Mailing Address 513 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement March 2010 rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6674</p> <p>Date of Disbursement 03 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>March 2010 rent</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CenPenn Realty LLC</p> <p>Mailing Address 513 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement April 2010 rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6710</p> <p>Date of Disbursement 03 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>April 2010 rent</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) S&T Bank</p> <p>Mailing Address 1100 Logan Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6543</p> <p>Date of Disbursement 01 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>Bank Service Charge</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1030.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) S&T Bank Mailing Address 1100 Logan Blvd City Altoona State PA Zip Code 16602 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6620 Date of Disbursement 02 / 01 / 2010 Amount of Each Disbursement this Period 30.00 001 Category/ Type Bank Service Charge
B.	Full Name (Last, First, Middle Initial) S&T Bank Mailing Address 1100 Logan Blvd City Altoona State PA Zip Code 16602 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6672 Date of Disbursement 02 / 22 / 2010 Amount of Each Disbursement this Period 5.00 001 Category/ Type Bank Service Charge
C.	Full Name (Last, First, Middle Initial) S&T Bank Mailing Address 1100 Logan Blvd City Altoona State PA Zip Code 16602 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6670 Date of Disbursement 03 / 01 / 2010 Amount of Each Disbursement this Period 30.00 001 Category/ Type Bank Service Charge

SUBTOTAL of Disbursements This Page (optional) ▶

65.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) e2c consulting Inc.</p> <p>Mailing Address PO Box 29576</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Fundraising Consulting Fee - Jan 10</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6542</p> <p>Date of Disbursement 01 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>003 Category/ Type</p> <p>Fundraising Consulting Fee - Jan 10</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) e2c consulting Inc.</p> <p>Mailing Address PO Box 29576</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Fundraising Consulting Fee - Feb 10</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6566</p> <p>Date of Disbursement 01 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>003 Category/ Type</p> <p>Fundraising Consulting Fee - Feb 10</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) e2c consulting Inc.</p> <p>Mailing Address PO Box 29576</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Fundraising Consulting Fee - Mar 10</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6673</p> <p>Date of Disbursement 03 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>003 Category/ Type</p> <p>Fundraising Consulting Fee - Mar 10</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 79

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) e2c consulting Inc. Mailing Address PO Box 29576 City Washington State DC Zip Code 20017 Purpose of Disbursement Fundraising Consulting Fee - Apr 10 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6711 Date of Disbursement 03 / 29 / 2010 Amount of Each Disbursement this Period 4000.00 Fundraising Consulting Fee - Apr 10
B.	Full Name (Last, First, Middle Initial) Brent Gates Mailing Address 310 Penn Street Suite 200 City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Mileage & tolls reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6635 Date of Disbursement 02 / 26 / 2010 Amount of Each Disbursement this Period 229.30 Mileage & tolls reimbursement
C.	Full Name (Last, First, Middle Initial) Brent Gates Mailing Address 310 Penn Street Suite 200 City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Mileage tolls meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6696 Date of Disbursement 03 / 17 / 2010 Amount of Each Disbursement this Period 212.20 Mileage tolls meals

SUBTOTAL of Disbursements This Page (optional) ▶	4441.50
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Jennifer Mearkle Mailing Address 3022 Broad Avenue City Altoona State PA Zip Code 16601 Purpose of Disbursement Payroll 01/01/2010 to 01/31/2010 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6601 Date of Disbursement 01 / 29 / 2010 Amount of Each Disbursement this Period 150.00 Payroll 01/01/2010 to 01/-31/2010 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Jennifer Mearkle Mailing Address 3022 Broad Avenue City Altoona State PA Zip Code 16601 Purpose of Disbursement Payroll 02/01/2010 to 02/28/2010 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6624 Date of Disbursement 02 / 26 / 2010 Amount of Each Disbursement this Period 150.00 Payroll 02/01/2010 to 02/-28/2010 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Jennifer Mearkle Mailing Address 3022 Broad Avenue City Altoona State PA Zip Code 16601 Purpose of Disbursement Mileage Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6634 Date of Disbursement 02 / 26 / 2010 Amount of Each Disbursement this Period 97.00 Mileage Reimbursement Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	397.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) Jennifer Mearkle</p> <p>Mailing Address 3022 Broad Avenue</p> <p>City Altoona State PA Zip Code 16601</p> <p>Purpose of Disbursement Payroll 03/01/2010 to 03/31/2010</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6728</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>001 Category/Type</p> <p>Payroll 03/01/2010 to 03/31/2010</p>
<p>B. Full Name (Last, First, Middle Initial) S&T Bank - Payroll</p> <p>Mailing Address 1100 Logan Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement EFTPS-940 2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6555</p> <p>Date of Disbursement 01 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 17.21</p> <p>001 Category/Type</p> <p>EFTPS-940 2009</p>
<p>C. Full Name (Last, First, Middle Initial) S&T Bank - Payroll</p> <p>Mailing Address 1100 Logan Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement 4th Quarter 2009 Withholding</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6556</p> <p>Date of Disbursement 01 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 16.59</p> <p>001 Category/Type</p> <p>4th Quarter 2009 Withholding</p>

SUBTOTAL of Disbursements This Page (optional) ▶

183.80

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) S&T Bank - Payroll Mailing Address 1100 Logan Blvd City Altoona State PA Zip Code 16602 Purpose of Disbursement EFTPS - January 2010 Candidate Name	Transaction ID: SB17-EX6603 Date of Disbursement 01 / 29 / 2010 Amount of Each Disbursement this Period 31.61 Category/Type 001

EFTPS - January 2010

B. Full Name (Last, First, Middle Initial) S&T Bank - Payroll Mailing Address 1100 Logan Blvd City Altoona State PA Zip Code 16602 Purpose of Disbursement EFTPS - February 2010 Candidate Name	Transaction ID: SB17-EX6623 Date of Disbursement 02 / 26 / 2010 Amount of Each Disbursement this Period 31.61 Category/Type 001

EFTPS - February 2010

C. Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Candidate Name	Transaction ID: SB17-EX6562 Date of Disbursement 01 / 27 / 2010 Amount of Each Disbursement this Period 132.76 Category/Type 001

Telephone

SUBTOTAL of Disbursements This Page (optional) ▶

195.98

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6637 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 132.76 Telephone

B. Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6702 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 132.76 Telephone

C. Full Name (Last, First, Middle Initial) Jeremy Shoemaker Mailing Address 4663 E Zana Ct City Waynesboro State PA Zip Code 17268 Purpose of Disbursement Mileage & expenses reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6636 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 319.40 Mileage & expenses reimburse- ment

SUBTOTAL of Disbursements This Page (optional) ▶	584.92
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) Jeremy Shoemaker <hr/> Mailing Address 4663 E Zana Ct <hr/> City Waynesboro State PA Zip Code 17268 <hr/> Purpose of Disbursement Mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6706 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 243.50
	Mileage reimbursement
	Category/Type 001
B. Full Name (Last, First, Middle Initial) Targeted Creative Communications Inc <hr/> Mailing Address 106 South Columbus Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Polling costs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6709 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 417.00
	Polling costs
	Category/Type 005
C. Full Name (Last, First, Middle Initial) Kelley Halliwell <hr/> Mailing Address 2504 Valley Drive <hr/> City Alexandria State VA Zip Code 22302 <hr/> Purpose of Disbursement Travel reimbursements Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6559 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 270.17
	Travel reimbursements
	Category/Type 002

SUBTOTAL of Disbursements This Page (optional) ▶	930.67
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Kelley Halliwell Mailing Address 2504 Valley Drive City Alexandria State VA Zip Code 22302 Purpose of Disbursement Travel reimbursements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6737 Date of Disbursement 03 / 31 / 2010 Amount of Each Disbursement this Period 66.76 Travel reimbursements
B.	Full Name (Last, First, Middle Initial) StelTek Graphics Inc Mailing Address One Corporate Drive Suite 105 City Bedford State PA Zip Code 15522 Purpose of Disbursement Print Ads - Calendars Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6547 Date of Disbursement 01 / 08 / 2010 Amount of Each Disbursement this Period 976.82 Print Ads - Calendars
C.	Full Name (Last, First, Middle Initial) CCFRW Mailing Address c/o Holly Tiley 6 Todd Road City Carlisle State PA Zip Code 17013 Purpose of Disbursement Full page ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6602 Date of Disbursement 01 / 29 / 2010 Amount of Each Disbursement this Period 100.00 Full page ad

SUBTOTAL of Disbursements This Page (optional) ▶

1143.58

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: SB17-EX6600
Date of Disbursement

Mailing Address PO Box 1270

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

City Newark State NJ Zip Code 07101

Amount of Each Disbursement this Period

9321.38

Purpose of Disbursement
Credit Card Paid by American Express

002

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

Credit Card Paid by American Express

State: District:

B.

Full Name (Last, First, Middle Initial)
Exxon

Transaction ID: SB17-EX6571
Date of Disbursement

Mailing Address 542 South Center Street

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

City Ebsenburg State PA Zip Code 15931

Amount of Each Disbursement this Period

25.16

Purpose of Disbursement
Vehicle Expenses

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

[MEMO ITEM]
Gasoline

State: District:

C.

Full Name (Last, First, Middle Initial)
Amtrak

Transaction ID: SB17-EX6588
Date of Disbursement

Mailing Address 400 N Capitol Street NW

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

City Washington State DC Zip Code 20001

Amount of Each Disbursement this Period

44.00

Purpose of Disbursement
Train

002

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

[MEMO ITEM]
Train

State: District:

SUBTOTAL of Disbursements This Page (optional)

9321.38

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 5620 University Pkwy</p> <p>City Winston Salem State NC Zip Code 27105</p> <p>Purpose of Disbursement Airplane</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX6589</p> <p>Date of Disbursement 12 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 60.00</p> <p>[MEMO ITEM] Airplane</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ritz Diner</p> <p>Mailing Address 1133 First Avenue</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX6590</p> <p>Date of Disbursement 12 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 30.50</p> <p>[MEMO ITEM] Meals</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) New York Luncheonette</p> <p>Mailing Address 135 E 50th Street</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX6591</p> <p>Date of Disbursement 12 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 48.15</p> <p>[MEMO ITEM] Meals</p>

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Il Cantinori

Mailing Address 32 East Tenth Street

City New York State NY Zip Code 10003

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6592
Date of Disbursement

1 2 / 1 2 / 2 0 9

Amount of Each Disbursement this Period

63.27

[MEMO ITEM]
Meals

B.

Full Name (Last, First, Middle Initial)
Il Cantinori

Mailing Address 32 East Tenth Street

City New York State NY Zip Code 10003

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6593
Date of Disbursement

1 2 / 1 2 / 2 0 9

Amount of Each Disbursement this Period

142.00

[MEMO ITEM]
Meals

C.

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

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6587
Date of Disbursement

1 2 / 1 2 / 2 0 9

Amount of Each Disbursement this Period

31.79

[MEMO ITEM]
Telephone equipment

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 5620 University Pkwy

City Winston Salem State NC Zip Code 27105

Purpose of Disbursement
Airplane

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6594
Date of Disbursement

12 / 13 / 2009

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]
Airplane

B.

Full Name (Last, First, Middle Initial)
McDonald's

Mailing Address Lagoon Airport East End Termin

City Flushing State NY Zip Code 11371

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6595
Date of Disbursement

12 / 13 / 2009

Amount of Each Disbursement this Period

7.83

[MEMO ITEM]
Meals

C.

Full Name (Last, First, Middle Initial)
NYC Taxi

Mailing Address DbA Green Apple Management
3430 31st Street

City Astoria State NY Zip Code 11106

Purpose of Disbursement
Taxi/Car/Bus Expense

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6596
Date of Disbursement

12 / 13 / 2009

Amount of Each Disbursement this Period

13.70

[MEMO ITEM]
Taxi

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB17-EX6572 Date of Disbursement 12 / 13 / 2009
	Mailing Address 5620 University Pkwy	Amount of Each Disbursement this Period 27.00
	City Winston Salem State NC Zip Code 27105	
	Purpose of Disbursement Airplane Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Airline fees

B.	Full Name (Last, First, Middle Initial) Benjamin Hotel	Transaction ID: SB17-EX6573 Date of Disbursement 12 / 14 / 2009
	Mailing Address 125 East 50th Street	Amount of Each Disbursement this Period 23.95
	City New York State NY Zip Code 10022	
	Purpose of Disbursement Lodging Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Lodging

C.	Full Name (Last, First, Middle Initial) Benjamin Hotel	Transaction ID: SB17-EX6574 Date of Disbursement 12 / 14 / 2009
	Mailing Address 125 East 50th Street	Amount of Each Disbursement this Period 39.74
	City New York State NY Zip Code 10022	
	Purpose of Disbursement Lodging Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Lodging

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Benjamin Hotel

Mailing Address 125 East 50th Street

City New York State NY Zip Code 10022

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6575
Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

791.32

[MEMO ITEM]
Lodging

B.

Full Name (Last, First, Middle Initial)
Benjamin Hotel

Mailing Address 125 East 50th Street

City New York State NY Zip Code 10022

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6576
Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

3798.29

[MEMO ITEM]
Lodging

C.

Full Name (Last, First, Middle Initial)
Benjamin Hotel

Mailing Address 125 East 50th Street

City New York State NY Zip Code 10022

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6577
Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

805.27

[MEMO ITEM]
Lodging

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Benjamin Hotel

Mailing Address 125 East 50th Street

City State Zip Code
New York NY 10022

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6578
Date of Disbursement

1 2 / 1 4 / 2 0 0 9

Amount of Each Disbursement this Period

91.11

[MEMO ITEM]
Lodging

B.

Full Name (Last, First, Middle Initial)
Benjamin Hotel

Mailing Address 125 East 50th Street

City State Zip Code
New York NY 10022

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6579
Date of Disbursement

1 2 / 1 4 / 2 0 0 9

Amount of Each Disbursement this Period

901.40

[MEMO ITEM]
Lodging

C.

Full Name (Last, First, Middle Initial)
Benjamin Hotel

Mailing Address 125 East 50th Street

City State Zip Code
New York NY 10022

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6580
Date of Disbursement

1 2 / 1 4 / 2 0 0 9

Amount of Each Disbursement this Period

15.30

[MEMO ITEM]
Lodging

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6568 Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1094.11</p> <p>[MEMO ITEM] Various meals and fundraisers</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Freedompay Inc</p> <p>Mailing Address 17 Campus Blvd Suite 100</p> <p>City Newtown Square State PA Zip Code 19073</p> <p>Purpose of Disbursement Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6581 Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 53.85</p> <p>[MEMO ITEM] Meals</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Capitol Lounge</p> <p>Mailing Address 231 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6597 Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 86.00</p> <p>[MEMO ITEM] Meals</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Capitol Lounge</p> <p>Mailing Address 231 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6598</p> <p>Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 47.60</p> <p>[MEMO ITEM] Meals</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sheetz Inc</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Vehicle Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6582</p> <p>Date of Disbursement 12 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 38.70</p> <p>[MEMO ITEM] Gasoline</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Symantec Software</p> <p>Mailing Address 9625 W 76th Street</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement Office Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6583</p> <p>Date of Disbursement 12 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 66.77</p> <p>[MEMO ITEM] Norton Software</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) The Orchards</p> <p>Mailing Address 1580 Orchard Drive</p> <p>City Chambersburg State PA Zip Code 17201</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX6584</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="306.36"/></p> <p>[MEMO ITEM] Campaign dinner</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tortilla Coast</p> <p>Mailing Address 400 First Street SE</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX6599</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="132.12"/></p> <p>[MEMO ITEM] Meals</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Flannery's Tavern On The Square</p> <p>Mailing Address 5 North Main Street</p> <p>City Mercersburg State PA Zip Code 17236</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX6585</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="37.50"/></p> <p>[MEMO ITEM] Meals</p>

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) Spirit Airlines</p> <p>Mailing Address 18121 E 8 Mile Road</p> <p>City Eastpointe State MI Zip Code 48021</p> <p>Purpose of Disbursement Airplane</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6569</p> <p>Date of Disbursement 01 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 171.60</p> <p>[MEMO ITEM] Airplane</p>
<p>B. Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 525 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6586</p> <p>Date of Disbursement 01 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 220.00</p> <p>[MEMO ITEM] Postage</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6570</p> <p>Date of Disbursement 01 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 81.99</p> <p>[MEMO ITEM] Bank Service Charge</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Credit Card Paid by American Express</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6669</p> <p>Date of Disbursement 02 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 3605.04</p> <p>002 Category/ Type</p> <p>Credit Card Paid by American Express</p>
<p>B. Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 525 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6662</p> <p>Date of Disbursement 01 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 44.00</p> <p>001 Category/ Type</p> <p>[MEMO ITEM] Postage</p>
<p>C. Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 525 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6663</p> <p>Date of Disbursement 01 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 127.50</p> <p>001 Category/ Type</p> <p>[MEMO ITEM] Postage</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3605.04

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 5620 University Pkwy City Winston Salem State NC Zip Code 27105 Purpose of Disbursement Airplane Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6668 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 0 Amount of Each Disbursement this Period 30.00 [MEMO ITEM] Airline Surcharges
B.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 5620 University Pkwy City Winston Salem State NC Zip Code 27105 Purpose of Disbursement Airplane Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6648 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 0 Amount of Each Disbursement this Period 2.00 [MEMO ITEM] Airline surcharges
C.	Full Name (Last, First, Middle Initial) Enterprise Rentacar Mailing Address 2408 Land O Lakes Blvd City Land O Lakes State FL Zip Code 34639 Purpose of Disbursement Taxi/Car/Bus Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6649 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0 Amount of Each Disbursement this Period 168.94 [MEMO ITEM] Car Rental

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 First Street SE City Washington State DC Zip Code 20003 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6647 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 221.00 [MEMO ITEM] Various meals

B. Full Name (Last, First, Middle Initial) Prime 112 Mailing Address 112 Ocean Drive City Miami Beach State FL Zip Code 33139 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6650 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 132.08 [MEMO ITEM] Meals

C. Full Name (Last, First, Middle Initial) Blue Door At Delano Mailing Address 1685 Collins Avenue City Miami Beach State FL Zip Code 33139 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6651 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 42.00 [MEMO ITEM] Meals

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Prime Italian <hr/> Mailing Address 101 Ocean Drive Unit 1A <hr/> City Miami Beach State FL Zip Code 33139 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6652 Date of Disbursement 01 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 160.00 <hr/> [MEMO ITEM] Meals
B.	Full Name (Last, First, Middle Initial) The Ritz-Carlton <hr/> Mailing Address 455 Grand Bay Drive <hr/> City Key Biscayne State FL Zip Code 33149 <hr/> Purpose of Disbursement Lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6653 Date of Disbursement 01 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 1216.43 <hr/> [MEMO ITEM] Lodging
C.	Full Name (Last, First, Middle Initial) The Ritz-Carlton <hr/> Mailing Address 455 Grand Bay Drive <hr/> City Key Biscayne State FL Zip Code 33149 <hr/> Purpose of Disbursement Lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6654 Date of Disbursement 01 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 160.00 <hr/> [MEMO ITEM] Lodging

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
The Capital Grille

Mailing Address 5310 Western Avenue
Suite A

City State Zip Code
Chevy Chase MD 20815

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6655
Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

52.00

[MEMO ITEM]
Meals

B.

Full Name (Last, First, Middle Initial)
Hilton - Fort Lauderdale

Mailing Address 1870 Griffin Road

City State Zip Code
Dania FL 33004

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6656
Date of Disbursement

01 / 20 / 2010

Amount of Each Disbursement this Period

222.49

[MEMO ITEM]
Lodging

C.

Full Name (Last, First, Middle Initial)
Barnes & Noble Booksellers

Mailing Address 175 Falon Lane

City State Zip Code
Altoona PA 16602

Purpose of Disbursement
Office Expenses

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6657
Date of Disbursement

01 / 22 / 2010

Amount of Each Disbursement this Period

68.68

[MEMO ITEM]
Office Expense

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
The Orchards

Mailing Address 1580 Orchard Drive

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6658
Date of Disbursement

01 / 25 / 2010

Amount of Each Disbursement this Period

444.00

[MEMO ITEM]
Franklin Supporter Dinner

B.

Full Name (Last, First, Middle Initial)
Exxon

Mailing Address 542 South Center Street

City Ebsburg State PA Zip Code 15931

Purpose of Disbursement
Vehicle Expenses

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6659
Date of Disbursement

01 / 26 / 2010

Amount of Each Disbursement this Period

15.02

[MEMO ITEM]
Gasoline

C.

Full Name (Last, First, Middle Initial)
FedEx

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6666
Date of Disbursement

01 / 26 / 2010

Amount of Each Disbursement this Period

94.70

[MEMO ITEM]
Postage

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) BP Oil</p> <p>Mailing Address 100 West Plank Road</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Vehicle Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6660</p> <p>Date of Disbursement 01 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 33.00</p> <p>[MEMO ITEM] Gasoline</p>
<p>B. Full Name (Last, First, Middle Initial) The Dream Restaurant</p> <p>Mailing Address 1500 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6667</p> <p>Date of Disbursement 02 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 24.00</p> <p>[MEMO ITEM] Meals</p>
<p>C. Full Name (Last, First, Middle Initial) The Capital Grille</p> <p>Mailing Address 601 Pennsylvania Avenue NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6661</p> <p>Date of Disbursement 02 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 160.00</p> <p>[MEMO ITEM] Fundraiser meeting</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 525 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX6664</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="132.00"/></p> <p>[MEMO ITEM] Postage</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 525 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX6665</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="55.20"/></p> <p>[MEMO ITEM] Postage</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Credit Card Paid by American Express</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17-EX6727</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3456.06"/></p> <p>Credit Card Paid by American Express</p>

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB17-EX6721 Date of Disbursement 02 / 11 / 2010
	Mailing Address PO Box 371461	Amount of Each Disbursement this Period 29.70
	City Pittsburgh State PA Zip Code 15250	
	Purpose of Disbursement Postage Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Postage

B.	Full Name (Last, First, Middle Initial) Hoss's Steak And Sea	Transaction ID: SB17-EX6713 Date of Disbursement 02 / 12 / 2010
	Mailing Address Wye Switches	Amount of Each Disbursement this Period 25.00
	City Duncansville State PA Zip Code 16635	
	Purpose of Disbursement Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Meals

C.	Full Name (Last, First, Middle Initial) US Hotel Restaurant	Transaction ID: SB17-EX6714 Date of Disbursement 02 / 12 / 2010
	Mailing Address 401 South Juniata Street	Amount of Each Disbursement this Period 17.00
	City Hollidaysburg State PA Zip Code 16648	
	Purpose of Disbursement Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Meals

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 79
	<input checked="" type="checkbox"/> 17 <input 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

A. Full Name (Last, First, Middle Initial) Omni Bedford Springs Resort	Transaction ID: SB17-EX6715 Date of Disbursement <div style="display: flex; justify-content: space-around;"> 0 2 / 1 3 / 2 0 1 0 </div>
Mailing Address ATTN: Accounts Receivable PO Box 639	Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 5px;">230.00</div>
City Bedford State PA Zip Code 15522	[MEMO ITEM] Dinner meeting
Purpose of Disbursement Meals Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">002</div> Category/ Type
State: _____ District: _____	
B. Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: SB17-EX6712 Date of Disbursement <div style="display: flex; justify-content: space-around;"> 0 2 / 1 6 / 2 0 1 0 </div>
Mailing Address 300 First Street SE	Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 5px;">150.25</div>
City Washington State DC Zip Code 20003	[MEMO ITEM] Various meals
Purpose of Disbursement Meals Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">002</div> Category/ Type
State: _____ District: _____	
C. Full Name (Last, First, Middle Initial) US Postal Service	Transaction ID: SB17-EX6722 Date of Disbursement <div style="display: flex; justify-content: space-around;"> 0 2 / 1 9 / 2 0 1 0 </div>
Mailing Address 525 Allegheny Street	Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 5px;">8.82</div>
City Hollidaysburg State PA Zip Code 16648	[MEMO ITEM] Postage
Purpose of Disbursement Postage Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">001</div> Category/ Type
State: _____ District: _____	

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; width: 100%; text-align: center; padding: 5px;">0.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Bistro 71 Mailing Address 71 North Main Street City Chambersburg State PA Zip Code 17201 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6716 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 1 0 Amount of Each Disbursement this Period 350.00 [MEMO ITEM] Campaign meeting
B.	Full Name (Last, First, Middle Initial) Levy Restaurant At MCI Center Mailing Address 601 F Street NW City Washington State DC Zip Code 20004 Purpose of Disbursement Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6723 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0 Amount of Each Disbursement this Period 336.21 [MEMO ITEM] Fundraiser
C.	Full Name (Last, First, Middle Initial) Levy Restaurant At MCI Center Mailing Address 601 F Street NW City Washington State DC Zip Code 20004 Purpose of Disbursement Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6724 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0 Amount of Each Disbursement this Period 1426.37 [MEMO ITEM] Fundraiser

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Levy Restaurant At MCI Center	Transaction ID: SB17-EX6725
	Mailing Address 601 F Street NW	Date of Disbursement MM / DD / YYYY 02 / 23 / 2010
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period 552.30
	Purpose of Disbursement Fundraising Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Fundraiser

B.	Full Name (Last, First, Middle Initial) Jordan's Grille	Transaction ID: SB17-EX6726
	Mailing Address 523 Eighth Street SE	Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 116.16
	Purpose of Disbursement Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Meals

C.	Full Name (Last, First, Middle Initial) Freedompay Inc	Transaction ID: SB17-EX6717
	Mailing Address 17 Campus Blvd Suite 100	Date of Disbursement MM / DD / YYYY 03 / 05 / 2010
	City Newtown Square State PA Zip Code 19073	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Meals

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

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) Cracker Barrel</p> <p>Mailing Address 100 Charlotte Drive</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6718 Date of Disbursement 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 30.25</p> <p>[MEMO ITEM] Meals</p>
<p>B. Full Name (Last, First, Middle Initial) Freedompay Inc</p> <p>Mailing Address 17 Campus Blvd Suite 100</p> <p>City Newtown Square State PA Zip Code 19073</p> <p>Purpose of Disbursement Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6719 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 69.00</p> <p>[MEMO ITEM] Meals</p>
<p>C. Full Name (Last, First, Middle Initial) Cafe Milano</p> <p>Mailing Address 3251 Prospect Street NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17-EX6720 Date of Disbursement 03 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p> <p>[MEMO ITEM] Meals</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
First Commonwealth Bank

Transaction ID: SB17-EX6610
Date of Disbursement

Mailing Address Credit Card Dept
PO Box 0537

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	0

City Indiana State PA Zip Code 15701

Amount of Each Disbursement this Period

525.00

Purpose of Disbursement
Credit Card Paid by First Commonwealth Bank

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Credit Card Paid by First Commonwealth Bank

State: District:

B.

Full Name (Last, First, Middle Initial)
The Congressional Institute

Transaction ID: SB17-EX6609
Date of Disbursement

Mailing Address 316 Pennsylvania Avenue SE
Suite 403

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

525.00

Purpose of Disbursement
Lodging

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

[MEMO ITEM]
Annual House Retreat

State: District:

C.

Full Name (Last, First, Middle Initial)
First Commonwealth Bank

Transaction ID: SB17-EX6686
Date of Disbursement

Mailing Address Credit Card Dept
PO Box 0537

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	0

City Indiana State PA Zip Code 15701

Amount of Each Disbursement this Period

43.00

Purpose of Disbursement
Credit Card Paid by First Commonwealth Bank

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Credit Card Paid by First Commonwealth Bank

State: District:

SUBTOTAL of Disbursements This Page (optional)

568.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Shan-Nicoles

Mailing Address 200 Alleghany Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6685
Date of Disbursement

02 / 12 / 2010

Amount of Each Disbursement this Period

43.00

[MEMO ITEM]
Meals

B.

Full Name (Last, First, Middle Initial)
Somerset Church Of The Brethren

Mailing Address PO Box 347

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Hall Rental for Petition Event

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6606
Date of Disbursement

02 / 11 / 2010

Amount of Each Disbursement this Period

260.00

Hall Rental for Petition
Event

C.

Full Name (Last, First, Middle Initial)
Indiana Fire Association

Mailing Address White Twp Station
1555 Indian Springs Road

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Hall Rental for Petition Event

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6614
Date of Disbursement

02 / 12 / 2010

Amount of Each Disbursement this Period

1250.00

Hall Rental for Petition
Event

SUBTOTAL of Disbursements This Page (optional) ▶

1510.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) American Trucking Association Mailing Address 410 First Street SE - Third Floor ATTN: Angie Zoulfaghary City Washington State DC Zip Code 20003 Purpose of Disbursement Suite rental for Fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6621 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period 1615.00
B.	Full Name (Last, First, Middle Initial) Marion Volunteer Fire Company Mailing Address PO Box 68 City Marion State PA Zip Code 17235 Purpose of Disbursement Breakfast Fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6678 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 0	Amount of Each Disbursement this Period 2547.50
C.	Full Name (Last, First, Middle Initial) Deeter Gap Publishing Mailing Address PO Box 906 City Somerset State PA Zip Code 15501 Purpose of Disbursement Invitations/Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6692 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period 377.25

SUBTOTAL of Disbursements This Page (optional)		4539.75
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) Deeter Gap Publishing Mailing Address PO Box 906 City Somerset State PA Zip Code 15501 Purpose of Disbursement In-Kind Contribution Portion of invitations paid Candidate Name Deeter Gap Publishing Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6809 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 377.25
	In-Kind Contribution Portion of invitations paid
	Category/Type 003
B. Full Name (Last, First, Middle Initial) NRCC Mailing Address 320 1st St SE City Washington State DC Zip Code 20003 Purpose of Disbursement IN-KIND RECEIVED Fundraising consulting services Candidate Name NRCC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-CN6987 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 32.78
	In-Kind Received Fundraising consulting services
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

410.03

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

64646.05

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Precious Life Inc Mailing Address 1716 12th Avenue City Altoona State PA Zip Code 16601 Purpose of Disbursement Table Sponsorship Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-EX6687 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 0 Amount of Each Disbursement this Period 260.00 Table Sponsorship	012 Category/ Type
B.	Full Name (Last, First, Middle Initial) Morrison Cove Republican Club Mailing Address Fred Foreman 305 Campbell Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-EX6613 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 1 0 Amount of Each Disbursement this Period 250.00 Donation	012 Category/ Type
C.	Full Name (Last, First, Middle Initial) Juniata Co Republican Committee Mailing Address c/o Marilyn Strawser 24760 RT 333 City Thompsontown State PA Zip Code 17094 Purpose of Disbursement Presidents Day Dinner donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-EX6604 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0 Amount of Each Disbursement this Period 100.00 Presidents Day Dinner donation	012 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	610.00
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 Chairman Randy Carper City Huntingdon State PA Zip Code 16652 Purpose of Disbursement Spring Rally Dinner Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-EX6734 Date of Disbursement 03 / 31 / 2010 Amount of Each Disbursement this Period 100.00 Spring Rally Dinner
B.	Full Name (Last, First, Middle Initial) Bedford Co. Republican Committee Mailing Address Tonya Clark 681 Brantner Road City Breezewood State PA Zip Code 15533 Purpose of Disbursement Lincoln Day Dinner Table Sponsor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-EX6733 Date of Disbursement 03 / 31 / 2010 Amount of Each Disbursement this Period 500.00 Lincoln Day Dinner Table Sponsor
C.	Full Name (Last, First, Middle Initial) Franklin Co Republican Committee Mailing Address Suite 293 South Gate Mall City Chambersburg State PA Zip Code 17201 Purpose of Disbursement Table Sponsor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-EX6682 Date of Disbursement 03 / 10 / 2010 Amount of Each Disbursement this Period 375.00 Table Sponsor

SUBTOTAL of Disbursements This Page (optional) ▶	975.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
Somerset Co Republican Committee

Mailing Address PO Box 401

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Spring Banquet donation
Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: SB21-EX6735
Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

100.00

Spring Banquet donation

B. Full Name (Last, First, Middle Initial)
Roger Osbaugh

Mailing Address 1153 Leisure Drive

City Chambersburg State PA Zip Code 17202

Purpose of Disbursement
Expense reimbursement - dinner tix
Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: SB21-EX6549
Date of Disbursement

01 / 08 / 2010

Amount of Each Disbursement this Period

45.59

Expense reimbursement -
dinner tix

C. Full Name (Last, First, Middle Initial)
Indiana Council Of Republican Women

Mailing Address c/o Donna Cupp
2653 Shelly Drive

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Lincoln Day Dinner ticket
Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: SB21-EX6642
Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

100.00

Lincoln Day Dinner ticket

SUBTOTAL of Disbursements This Page (optional)

245.59

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Hollidaysburg Area YMCA Mailing Address 1111 Hewitt Street ATTN: Tina Kunstbeck City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Bud Shuster Run for Life Sponsor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-EX6708 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0 Amount of Each Disbursement this Period 500.00 Bud Shuster Run for Life Sponsor	012 Category/ Type
B.	Full Name (Last, First, Middle Initial) Society of St. Vincent DePaul Mailing Address 927 Franklin Street City Johnstown State PA Zip Code 15905 Purpose of Disbursement Donation for Soup Kitchen Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-EX6729 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0 Amount of Each Disbursement this Period 70.00 Donation for Soup Kitchen	012 Category/ Type
C.	Full Name (Last, First, Middle Initial) Bedford County CCHL Mailing Address c/o Janet Creighton 3495 Business 220 City Bedford State PA Zip Code 15522 Purpose of Disbursement Gold Sponsor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-EX6730 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0 Amount of Each Disbursement this Period 148.00 Gold Sponsor	012 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	718.00
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 76 / 79

<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) Kiwanis Club Of Altoona Mailing Address c/o Marty Malone PO Box 419 City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Silver Sponsorship Pancake Day Candidate Name	Transaction ID: SB21-EX6679 Date of Disbursement 03 / 10 / 2010 Amount of Each Disbursement this Period 125.00 012 Category/ Type	Silver Sponsorship Pancake Day
B.	Full Name (Last, First, Middle Initial) Fayette Co Assoc Of Twp Officials Mailing Address Leigh Klink FCATO Secretary PO Box 87 City New Salem State PA Zip Code 15468 Purpose of Disbursement Hospitality Room donation Candidate Name	Transaction ID: SB21-EX6732 Date of Disbursement 03 / 31 / 2010 Amount of Each Disbursement this Period 100.00 012 Category/ Type	Hospitality Room donation
C.	Full Name (Last, First, Middle Initial) UVA Club Mailing Address 1809 Union Avenue City Altoona State PA Zip Code 16601 Purpose of Disbursement Weakland Memorial Dinner Candidate Name	Transaction ID: SB21-EX6607 Date of Disbursement 02 / 11 / 2010 Amount of Each Disbursement this Period 125.00 012 Category/ Type	Weakland Memorial Dinner

SUBTOTAL of Disbursements This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Hollidaysburg Area Women's Club

Mailing Address St. Patrick's Day Dinner Dance Co
PO Box 662

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Shamrock Sponsor

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX6615
Date of Disbursement

02 / 12 / 2010

Amount of Each Disbursement this Period

250.00

Shamrock Sponsor

B.

Full Name (Last, First, Middle Initial)
Tim Burns For Congress

Mailing Address PO Box 4483

City Eighty Four State PA Zip Code 15330

Purpose of Disbursement
Political Contribution

Candidate Name
Tim Burns

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 12

Transaction ID: SB21-EX6698
Date of Disbursement

03 / 18 / 2010

Amount of Each Disbursement this Period

3000.00

Political Contribution

C.

Full Name (Last, First, Middle Initial)
Fitzpatrick For Congress

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement
Political Contribution

Candidate Name
Michael Fitzpatrick

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 08

Transaction ID: SB21-EX6699
Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

2000.00

Political Contribution

SUBTOTAL of Disbursements This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

<p>A. Full Name (Last, First, Middle Initial) Mike Kelly For Congress</p> <p>Mailing Address PO Box 476</p> <p>City Lyndora State PA Zip Code 16045</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Mike Kelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 03</p>	<p>Transaction ID: SB21-EX6700</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Political Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Richard Pombo For Congress 2010</p> <p>Mailing Address 504 Van Ness Avenue</p> <p>City Fresno State CA Zip Code 93721</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Richard Pombo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 19</p>	<p>Transaction ID: SB21-EX6701</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Political Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Clearfield Area Council Of Republican Women</p> <p>Mailing Address c/o Judy Corcino 2525 Meadow Road</p> <p>City Clearfield State PA Zip Code 16830</p> <p>Purpose of Disbursement Lincoln Day Dinner donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21-EX6731</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p>Lincoln Day Dinner donati- on</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3100.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="11248.59"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ATLANTIC broadband			Nature of Debt (Purpose): Invoice: Internet Service Administrative
Mailing Address Box 371801			
City Pittsburgh	State PA	ZIP Code 15250	

Outstanding Balance Beginning This Period <input type="text" value="56.95"/>		Transaction ID: SD10-INV6397	
Amount Incurred This Period <input type="text" value=".00"/>	Payment This Period <input type="text" value="56.95"/>	Outstanding Balance at Close of This Period <input type="text" value=".00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor StelTek Graphics Inc			Nature of Debt (Purpose): Invoice: Print Ads - Calendars Advertisi
Mailing Address One Corporate Drive Suite 105			
City Bedford	State PA	ZIP Code 15522	

Outstanding Balance Beginning This Period <input type="text" value="976.82"/>		Transaction ID: SD10-INV6398	
Amount Incurred This Period <input type="text" value=".00"/>	Payment This Period <input type="text" value="976.82"/>	Outstanding Balance at Close of This Period <input type="text" value=".00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Invoice: Telephone Administrative/Salary
Mailing Address PO Box 15026			
City Albany	State NY	ZIP Code 12212	

Outstanding Balance Beginning This Period <input type="text" value="188.37"/>		Transaction ID: SD10-INV6396	
Amount Incurred This Period <input type="text" value=".00"/>	Payment This Period <input type="text" value="188.37"/>	Outstanding Balance at Close of This Period <input type="text" value=".00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value=""/>