

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Example: If typing, type over the lines.

12FE4M5

BILL SHUSTER FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 27

Check if different than previously reported. (ACC)

HOLLIDAYSBURG

PA

16648

2. **FEC IDENTIFICATION NUMBER** ▼

C C00364935

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

PA

09

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

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

Type or Print Name of Treasurer PAUL A KILGORE

Signature of Treasurer PAULA KILGORE

[Electronically Filed]

Date

/  /

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**BILL SHUSTER FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	41250.00	57250.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	41250.00	56250.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	68228.90	82935.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	68228.90	82935.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	415297.62	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**BILL SHUSTER FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23050.00	24050.00
(ii) Unitemized.....	200.00	200.00
(iii) TOTAL of contributions from individuals ▶	23250.00	24250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	18000.00	33000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	41250.00	57250.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	41250.00	57250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	68228.90	82935.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS .....	250.00	25864.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	68478.90	109799.16

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	442526.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	41250.00
25. SUBTOTAL (add Line 23 and Line 24).....	483776.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	68478.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	415297.62

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PETER BARSZ**

Mailing Address 50 SOUTH PROVIDENCE ROAD

City State Zip Code  
MEDIA PA 19063

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

Name of Employer Occupation  
MERVES AMON & BARSZ LLC ACCOUNTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11Al.109175**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 11110 161ST STREET N

City State Zip Code  
JUPITER FL 33478

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

Name of Employer Occupation  
HARSCO RAIL SR. DIRECTOR OF NORTH AMERICAN SALE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 16 / 2014

**Transaction ID : SA11Al.109186**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER P BOYLAN**

Mailing Address 153 GRAND AVE.

City State Zip Code  
ROCKVILLE CENTRE NY 11570

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

Name of Employer Occupation  
GENERAL CONTRACTORS ASSN. OF NEW Y DIRECTOR, GOVERNMENTAL RELATIONS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11Al.109172**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PETER CLAUSSEN**

Mailing Address 2413 ALCOA HIGHWAY

City State Zip Code  
KNOXVILLE TN 37920

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

Name of Employer Occupation  
GULF & OHIO RAILWAYS PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 18 / 2014

**Transaction ID : SA11Al.109190**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4565 WILLIAM PENN HWY

City State Zip Code  
MURRYSVILLE PA 15668

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

Name of Employer Occupation  
CLEVELAND BROTHERS EQUIPMENT CO. PRESIDENT & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 19 / 2014

**Transaction ID : SA11Al.109177**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**FRANK W CONDURELIS**

Mailing Address 806 BRENTVIEW DR.

City State Zip Code  
NASHVILLE TN 37220

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

Name of Employer Occupation  
COLO RAILROAD BUILDERS COO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 22 / 2014

**Transaction ID : SA11Al.109227**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ECKERT SEAMANS CHERIN & MELLOTT, LLC**

Mailing Address 600 GRANT STREET, 44TH FLOOR

City State Zip Code  
PITTSBURGH PA 15219

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11AI.109170**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**TIMOTHY RYAN**

Mailing Address 600 GRANT ST

City State Zip Code  
PITTSBURGH PA 15219

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

Name of Employer Occupation  
ECKERT SEAMANS CHERIN & MELLOTT, LLC PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11AI.109196**

Amount of Each Receipt this Period  
 500.00

**[MEMO ITEM]**  
 PARTNERSHIP ECKERT SEAMANS CHERIN & MELLOTT, LLC

**C.** Full Name (Last, First, Middle Initial)  
**JAY A GOWAN**

Mailing Address 5851 CHARLESTON PIKE

City State Zip Code  
CHILLICOTHE OH 45601

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

Name of Employer Occupation  
HARSCO VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 17 / 2014

**Transaction ID : SA11AI.109188**

Amount of Each Receipt this Period  
 500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 325 MARYLAND AVENUE, NE

City State Zip Code  
WASHINGTON DC 20002

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

Name of Employer Occupation  
ALPINE GROUP VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 19 / 2014

**Transaction ID : SA11Al.109191**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DALE S HIGH**

Mailing Address 746 WILLOW ROAD

City State Zip Code  
LANCASTER PA 17601

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

Name of Employer Occupation  
THE HIGH COMPANIES CHAIRMAN OF THE BOARD

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 19 / 2014

**Transaction ID : SA11Al.109161**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**MARK A. HOLMAN**

Mailing Address 3417 SUNNY VIEW DR

City State Zip Code  
ALEXANDRIA VA 22309

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

Name of Employer Occupation  
RIDGE POLICY GROUP PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 19 / 2014

**Transaction ID : SA11Al.109166**

Amount of Each Receipt this Period  
500.00

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

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

4000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL P MEUSER**

Mailing Address 182 SUSQUEHANNA AVE

City WEST PITTSION State PA Zip Code 18643

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

Name of Employer PRIDE MOBILITY PRODUCTS CORP Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11AI.109163**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARY ANNE MICHAELS**

Mailing Address 14 FAIRVIEW DRIVE

City ESSEX JUNCTION State VT Zip Code 05452

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

Name of Employer RAILWAY SERVICES INC. Occupation CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 30 / 2014

**Transaction ID : SA11AI.109230**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**J. DAVID MINOR**

Mailing Address 624 VALLEY VIEW ROAD

City EIGHTY FOUR State PA Zip Code 15330

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

Name of Employer A&K RAILROAD MATERIALS INC. Occupation VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 27 / 2014

**Transaction ID : SA11AI.109228**

Amount of Each Receipt this Period  
 1000.00

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID D OSIKOWICZ**

Mailing Address **PO BOX 343**

City **PUNXSUTAWNEY** State **PA** Zip Code **15767**

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

Name of Employer **VALIER COAL YARD** Occupation **OWNER/COAL MINER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.109164**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS G PAESE**

Mailing Address **1933 19TH ST NW**

City **WASHINGTON** State **DC** Zip Code **20009**

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

Name of Employer **BUCHANAN INGERSOLL ROONEY** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.109174**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**ROSS J PEPE**

Mailing Address **629 WHITE PLAINS RD.**

City **TARRYTOWN** State **NY** Zip Code **10591**

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

Name of Employer **CONSTRUCTION INDUSTRY COUNCIL** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.109176**

Amount of Each Receipt this Period  
**500.00**

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

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

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. EDNA ANNE RICE**

Mailing Address 301 HARBORSIDE CIRCLE

City State Zip Code  
KEMAH TX 77565

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

Name of Employer Occupation  
SELF EMPLOYED EXECUTIVE RECRUITER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 16 / 2014

**Transaction ID : SA11Al.109187**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**DENISE RICHARDSON**

Mailing Address 35 46 79TH ST. APT. 31

City State Zip Code  
JACKSON HEIGHTS NY 11372

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

Name of Employer Occupation  
GENERAL CONTRACTORS ASSOC. OF NY EXECUTIVE DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11Al.109173**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH RUTIGLIANO**

Mailing Address 1633 NEW HIGHWAY

City State Zip Code  
FARMINGDALE NY 11735

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

Name of Employer Occupation  
COASTAL DISTRIBUTION EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11Al.109171**

Amount of Each Receipt this Period  
1500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL R SABIN**

Mailing Address 580 HIGHLAND PARK AVE.

City State Zip Code  
CORALVILLE IA 52241

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

Name of Employer Occupation  
IOWA NORTHERN RAILWAY PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 17 / 2014

**Transaction ID : SA11AI.109189**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**KERN SCHUMACHER**

Mailing Address 1047 LAKESHORE BLVD

City State Zip Code  
INCLINE VILLAGE NV 89451

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

Name of Employer Occupation  
A&K RAILROAD MATERIALS CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 29 / 2014

**Transaction ID : SA11AI.109229**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**F. RANDALL SMITH**

Mailing Address 325 EAST 53RD STREET  
NUMBER 3

City State Zip Code  
NEW YORK NY 10022

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

Name of Employer Occupation  
CAPITAL COUNSEL, LLC INVESTMENT ADVISOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11AI.109179**

Amount of Each Receipt this Period  
2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

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

Mailing Address 7714 RENNINGER RD

City State Zip Code  
MERCERSBURG PA 17236

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 05 / 2014

**Transaction ID : SA11Al.109138**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**AIMIN WANG**

Mailing Address 81A SOMERSET DR

City State Zip Code  
GREAT NECK NY 11020

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

Name of Employer Occupation  
EASTERN COACH COMPANY CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 19 / 2014

**Transaction ID : SA11Al.109178**

Amount of Each Receipt this Period  
500.00

**C.** 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 19 / 2014

**Transaction ID : SA11Al.109165**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**V THOMAS WORRALL IV**

Mailing Address 6118 WOODMONT RD

City State Zip Code  
ALEXANDRIA VA 22307

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

Name of Employer Occupation  
WHITMER & WORRALL PRINCIPAL/GOVERNMENT CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2014

**Transaction ID : SA11Al.109185**

Amount of Each Receipt this Period  
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

23050.00

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

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

FOR LINE NUMBER: PAGE 15 OF 41  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ACTION COMMITTEE FOR RURAL ELECTRIFICATION PAC**

Mailing Address 4301 WILSON BLVD

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 23 / 2014

**Transaction ID : SA11C.109193**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ANADARKO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1201 LAKE ROBBINS DRIVE

City THE WOODLANDS State TX Zip Code 77380

FEC ID number of contributing federal political committee. **C C00231951**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : SA11C.109168**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ENERGY TRANSFER PARTNERS PAC**

Mailing Address 711 LOUISIANA STREET SUITE 900

City HOUSTON State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C C00438754**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : SA11C.109192**

Amount of Each Receipt this Period  
5000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GANNETT FLEMING INC. PAC**

Mailing Address **PO BOX 67100**

City **HARRISBURG** State **PA** Zip Code **17106**

FEC ID number of contributing federal political committee. **C C00141382**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 31 / 2014**

**Transaction ID : SA11C.109244**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL A,B,C,D PAC**

Mailing Address **44-40 11TH ST.**

City **LONG ISLAND CITY** State **NY** Zip Code **11101**

FEC ID number of contributing federal political committee. **C C00163956**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11C.109182**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**KEYSTONE ALLIANCE PAC**

Mailing Address **426 MAIN ST SECOND FLOOR**

City **HARLEYSVILLE** State **PA** Zip Code **19438**

FEC ID number of contributing federal political committee. **C C00432096**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11C.109167**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NEW YORK BUILDING CONGRESS INC PAC**

Mailing Address 44 WEST 28TH STREET 12TH FLOOR

City NEW YORK State NY Zip Code 10001

FEC ID number of contributing federal political committee. **C C00319962**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11C.109181**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**NISOURCE INC. PAC**

Mailing Address 200 CIVIC CENTER DR

City COLUMBUS State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C C00051979**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11C.109160**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**PAN AMERICAN LIFE INSURANCE CO. PAC**

Mailing Address 601 POYDRAS STREET 14TH FL

City NEW ORLEANS State LA Zip Code 70130

FEC ID number of contributing federal political committee. **C C00232272**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : SA11C.109245**

Amount of Each Receipt this Period  
 500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PARSONS BRINCKERHOFF INC PAC**

Mailing Address 1401 K STREET NW  
SUITE 701

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00287003**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2014

**Transaction ID : SA11C.109194**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**PPG BETTER GOVERNMENT TEAM**

Mailing Address ONE PPG PLACE

City PITTSBURGH State PA Zip Code 15272

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11C.109162**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**PPL PEOPLE FOR GOOD GOVT PAC**

Mailing Address TWO NORTH NINTH ST

City ALLENTOWN State PA Zip Code 18101

FEC ID number of contributing federal political committee. **C C00228106**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2014

**Transaction ID : SA11C.109215**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THE DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC)**

Mailing Address 2030 DOW CENTER

City MIDLAND State MI Zip Code 48674

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : SA11C.109246**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**UGI CORPORATION POLITICAL ACTION COMMITTEE(UGI/PAC)**

Mailing Address PO BOX 12677

City READING State PA Zip Code 19612

FEC ID number of contributing federal political committee. **C** C00139667

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11C.109169**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**UNITED TRANSPORTATION UNION PAC**

Mailing Address 24950 COUNTRY CLUB BLVD-STE 340

City NORTH OLMSTED State OH Zip Code 44070

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 30 / 2014

**Transaction ID : SA11C.109214**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

18000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 401 GROUP LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 401 NORTH SECOND STREET		Amount of Each Disbursement this Period 1035.90 <b>Transaction ID : SB17.109147</b>
City HARRISBURG State PA Zip Code 17101	Purpose of Disbursement POSTAGE & PRINTING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 1999.42 <b>Transaction ID : SB17.109077</b>
City ROSELAND State NJ Zip Code 07068	Purpose of Disbursement PAYROLL TAXES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 122.25 <b>Transaction ID : SB17.109137</b>
City ROSELAND State NJ Zip Code 07068	Purpose of Disbursement PAYROLL SERVICE FEES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3157.57
<b>TOTAL</b> 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 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2014
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 7.00
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL FEES	<b>Transaction ID : SB17.109195</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 1187.95
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL TAXES	<b>Transaction ID : SB17.109236</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 735.87
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement SEE MEMO	<b>Transaction ID : SB17.109088</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1930.82
<b>TOTAL</b> 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 22 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE BLAIRMONT CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014	
Mailing Address 145 LARCH STREET			Amount of Each Disbursement this Period 262.61	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Transaction ID : SB17.109090	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 450.00	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.109092	
Purpose of Disbursement MEMBERSHIP DUES		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 11131.81	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.109095	
Purpose of Disbursement SEE MEMO		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11131.81
<b>TOTAL</b> 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 23 OF 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIR LINES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 1030 DELTA BOULEVARD		Amount of Each Disbursement this Period 1024.20
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE 001 Category/Type	
Candidate Name		Transaction ID : SB17.109096 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 2702 LOVE FIELD DR.		Amount of Each Disbursement this Period 231.10
City DALLAS State TX Zip Code 75235	Purpose of Disbursement AIRFARE 001 Category/Type	
Candidate Name		Transaction ID : SB17.109097 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AIRTRAN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 9955 AIRTRAN BLVD.		Amount of Each Disbursement this Period 232.10
City ORLANDO State FL Zip Code 32827	Purpose of Disbursement AIRFARE 001 Category/Type	
Candidate Name		Transaction ID : SB17.109098 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 24 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PAISLEY PEAR</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014	
Mailing Address 110 MAIN STREET			Amount of Each Disbursement this Period 515.00	
City HAYS	State KS	Zip Code 67601	Transaction ID : SB17.109099	
Purpose of Disbursement EVENT SUPPLIES		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. RENAISSANCE HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014	
Mailing Address 500 STEVENS DRIVE			Amount of Each Disbursement this Period 4500.00	
City PHILADELPHIA	State PA	Zip Code 19113	Transaction ID : SB17.109102	
Purpose of Disbursement EVENT FACILITY RENTAL		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SOMERSET CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014	
Mailing Address 601 N CENTER AVE.			Amount of Each Disbursement this Period 300.00	
City SOMERSET	State PA	Zip Code 15501	Transaction ID : SB17.109108	
Purpose of Disbursement MEMBERSHIP DUES		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 317.85	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.109109	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014	
Mailing Address 300 FIRST STREET SE			Amount of Each Disbursement this Period 633.64	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.109110	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. RISTORANTE TOSCA</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014	
Mailing Address 1112 F STREET NW			Amount of Each Disbursement this Period 283.10	
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SB17.109112	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 26 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MATTEO'S</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 3615 BUTLER ST		Amount of Each Disbursement this Period 305.00
City PITTSBURGH	State PA	
Zip Code 15201	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.109113
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OMNI WILLIAM PENN HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 530 WILLIAM PENN PLACE		Amount of Each Disbursement this Period 613.51
City PITTSBURGH	State PA	
Zip Code 15219	Purpose of Disbursement LODGING	Transaction ID : SB17.109114
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 171.17
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.109118
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 27 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. COURTYARD BY MARRIOTT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 2 CONVENTION CENTER BLVD		Amount of Each Disbursement this Period 1039.86
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement LODGING	
Candidate Name	Category/Type 001	Transaction ID : SB17.109125
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 3602.01
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement SEE MEMO	
Candidate Name	Category/Type 001	Transaction ID : SB17.109216
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RISTORANTE TOSCA</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 1112 F STREET NW		Amount of Each Disbursement this Period 130.00
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type 001	Transaction ID : SB17.109217
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3602.01
<b>TOTAL</b> 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 28 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CAPITAL GRILLE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 601 PENNSYLVANIA AVE. NW			Amount of Each Disbursement this Period 633.60
City WASHINGTON	State DC	Zip Code 20004	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.109218  [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. DEL FRISCO GRILLE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 50 ROCKEFELLER PLAZA			Amount of Each Disbursement this Period 632.95
City NEW YORK	State NY	Zip Code 10020	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.109219  [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. TARGET</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 153 SIERRA DRIVE			Amount of Each Disbursement this Period 203.92
City ALTOONA	State PA	Zip Code 16603	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : SB17.109223  [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 29 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE BENJAMIN HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014	
Mailing Address 125 EAST 50TH STREET			Amount of Each Disbursement this Period 1775.30	
City NEW YORK	State NY	Zip Code 10022	Transaction ID : SB17.109224  [MEMO ITEM]	
Purpose of Disbursement EVENT FACILITY RENTAL/CATERING		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ATLANTIC BROADBAND</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014	
Mailing Address BOX 371801			Amount of Each Disbursement this Period 333.71	
City PITTSBURGH	State PA	Zip Code 15250	Transaction ID : SB17.109140	
Purpose of Disbursement INTERNET SERVICE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014	
Mailing Address 2101 L STREET NW STE. 1000			Amount of Each Disbursement this Period 1500.00	
City WASHINGTON	State DC	Zip Code 20037	Transaction ID : SB17.109129	
Purpose of Disbursement LEGAL FEES		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1833.71
<b>TOTAL</b> 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 30 OF 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BLAIR COUNTY REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 301 UNION AVE. #364		Amount of Each Disbursement this Period 2652.95 <b>Transaction ID : SB17.109197</b>
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement ELECTION NIGHT EXPENSES 001 Category/Type	
Candidate Name <b>BLAIR COUNTY REPUBLICAN PARTY</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NANCY BULL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 322 RIDGE AVENUE		Amount of Each Disbursement this Period 540.80 <b>Transaction ID : SB17.109208</b>
City WAYNESBORO State PA Zip Code 17268	Purpose of Disbursement SEE MEMO 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NANCY BULL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 322 RIDGE AVENUE		Amount of Each Disbursement this Period 380.80 <b>Transaction ID : SB17.109209</b> <b>[MEMO ITEM]</b>
City WAYNESBORO State PA Zip Code 17268	Purpose of Disbursement MILEAGE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3193.75
<b>TOTAL</b> 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 31 OF 41		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ERIC BURGESON</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 2403 N. UTAH ST.		Amount of Each Disbursement this Period 222.85 <b>Transaction ID : SB17.109199</b>
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement SEE MEMO 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 800 MARKET STREET 7TH FLOOR		Amount of Each Disbursement this Period 222.85 <b>Transaction ID : SB17.109200</b> <b>[MEMO ITEM]</b>
City SAN FRANCISCO State CA Zip Code 94115	Purpose of Disbursement TRAVEL EXPENSE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LAURENCE CASSAR</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 601 ALLEGHENY ST. APT. 2		Amount of Each Disbursement this Period 1990.60 <b>Transaction ID : SB17.109074</b>
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement STAFF SALARY 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2213.45
<b>TOTAL</b> 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 32 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 95.75
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	<b>Transaction ID : SB17.109232</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 113.45
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	<b>Transaction ID : SB17.109233</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COPY RITE &amp; BANNER ZONE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 301 ALLEGHENY STREET		Amount of Each Disbursement this Period 457.92
City HOLLIDAYSBURG	State PA Zip Code 16648	
Purpose of Disbursement PRINTING	Category/Type 001	<b>Transaction ID : SB17.109141</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	667.12
<b>TOTAL</b> 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 33 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EPIPHANY PRODUCTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 104 HUME AVE			Amount of Each Disbursement this Period 5103.79 <b>Transaction ID : SB17.109093</b>
City ALEXANDRIA	State VA	Zip Code 22301	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. EVERETT CASH MUTUAL INSURANCE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address PO BOX 88			Amount of Each Disbursement this Period 465.00 <b>Transaction ID : SB17.109142</b>
City EVERETT	State PA	Zip Code 15537	
Purpose of Disbursement INSURANCE		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. FIRST COMMONWEALTH BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address CREDIT CARD DEPT PO BOX 0537			Amount of Each Disbursement this Period 1712.03 <b>Transaction ID : SB17.109201</b>
City INDIANA	State PA	Zip Code 15701	
Purpose of Disbursement SEE MEMO		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7280.82
<b>TOTAL</b> 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 34 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PLANK ROAD/ORCHARD PLAZA		Amount of Each Disbursement this Period 1540.53
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type 001	Transaction ID : SB17.109203  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JHZ CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address PO BOX 412		Amount of Each Disbursement this Period 4000.00
City HARRISBURG State PA Zip Code 17108	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type 001	Transaction ID : SB17.109157
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JHZ CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO BOX 412		Amount of Each Disbursement this Period 10772.66
City HARRISBURG State PA Zip Code 17108	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type 001	Transaction ID : SB17.109207
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14772.66
<b>TOTAL</b> 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 35 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JOHN STUCKEY FORD</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014	
Mailing Address 500 BROAD STREET			Amount of Each Disbursement this Period 5000.00	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Transaction ID : SB17.109183	
Purpose of Disbursement CAMPAIGN VEHICLE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MR. SEAN JOYCE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014	
Mailing Address 1301 ALLEGHENY STREET			Amount of Each Disbursement this Period 292.32	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Transaction ID : SB17.109133	
Purpose of Disbursement SEE MEMO		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014	
Mailing Address PO BOX 25505			Amount of Each Disbursement this Period 277.13	
City LEHIGH VALLEY	State PA	Zip Code 18002	Transaction ID : SB17.109134	
Purpose of Disbursement TELEPHONE		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5292.32
<b>TOTAL</b> 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 36 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MCGUIREWOODS LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014		
Mailing Address 2001 K STREET NW STE. 400			Amount of Each Disbursement this Period 1000.00		
City WASHINGTON	State DC	Zip Code 20006	Transaction ID : SB17.109143		
Purpose of Disbursement LEGAL FEES		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. MS. JENNIFER MEARKLE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014		
Mailing Address 3022 BROAD AVE			Amount of Each Disbursement this Period 171.18		
City ALTOONA	State PA	Zip Code 16601	Transaction ID : SB17.109234		
Purpose of Disbursement SALARY		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. O.K. STUCKEY AND SON</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014		
Mailing Address 1800 EIGHTH AVENUE			Amount of Each Disbursement this Period 519.85		
City ALTOONA	State PA	Zip Code 16602	Transaction ID : SB17.109132		
Purpose of Disbursement PRINTING		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1691.03
<b>TOTAL</b> 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 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STATE FARM INSURANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 715 LEXINGTON AVENUE		Amount of Each Disbursement this Period 443.95 <b>Transaction ID : SB17.109146</b>
City ALTOONA State PA Zip Code 16601	Purpose of Disbursement INSURANCE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STELTEK GRAPHICS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address ONE CORPORATE DRIVE SUITE 105		Amount of Each Disbursement this Period 1742.05 <b>Transaction ID : SB17.109212</b>
City BEDFORD State PA Zip Code 15522	Purpose of Disbursement PRINTING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM STRAESSER</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address PO BOX 1023		Amount of Each Disbursement this Period 2617.24 <b>Transaction ID : SB17.109076</b>
City ALTOONA State PA Zip Code 16603	Purpose of Disbursement STAFF SALARY 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4803.24
<b>TOTAL</b> 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 38 OF 41		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. WILLIAM STRAESSER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address PO BOX 1023		Amount of Each Disbursement this Period 997.98 <b>Transaction ID : SB17.109149</b>
City ALTOONA State PA Zip Code 16603	Purpose of Disbursement SEE MEMO 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MR. WILLIAM STRAESSER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address PO BOX 1023		Amount of Each Disbursement this Period 758.80 <b>Transaction ID : SB17.109150</b> <b>[MEMO ITEM]</b>
City ALTOONA State PA Zip Code 16603	Purpose of Disbursement MILEAGE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM STRAESSER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO BOX 1023		Amount of Each Disbursement this Period 2617.25 <b>Transaction ID : SB17.109235</b>
City ALTOONA State PA Zip Code 16603	Purpose of Disbursement SALARY 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3615.23
<b>TOTAL</b> 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 39 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE BLAIRMONT CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014	
Mailing Address 145 LARCH STREET			Amount of Each Disbursement this Period 588.90	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Transaction ID : SB17.109158	
Purpose of Disbursement EVENT CATERING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014	
Mailing Address PO BOX 15026			Amount of Each Disbursement this Period 127.98	
City ALBANY	State NY	Zip Code 12212	Transaction ID : SB17.109148	
Purpose of Disbursement TELEPHONE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014	
Mailing Address PO BOX 25505			Amount of Each Disbursement this Period 272.68	
City LEHIGH VALLEY	State PA	Zip Code 18002	Transaction ID : SB17.109213	
Purpose of Disbursement TELEPHONE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	989.56
<b>TOTAL</b> 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 40 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WELL DUNN CATERING</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014	
Mailing Address 513 MORSE STREET NE			Amount of Each Disbursement this Period 1168.00	
City WASHINGTON	State DC	Zip Code 20002	Transaction ID : SB17.109225	
Purpose of Disbursement EVENT CATERING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1168.00
<b>TOTAL</b> This Period (last page this line number only).....	67343.10



**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 41 OF 41	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MARTHA ROBY FOR CONGRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014	
Mailing Address PO BOX 195			Amount of Each Disbursement this Period 250.00	
City MONTGOMERY	State AL	Zip Code 36101	Transaction ID : SB21.109136	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type 011		
Candidate Name MARTHA ROBY				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: AL	District: 02			

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	250.00